

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 763498

1. Entity Name
**FLORIDA ASSOCIATION OF LOCAL HOUSING FINANCE
AUTHORITIES, INC.**



***Principal Place of Business**

**25 W CEDAR STREET
SUITE #530
PENSACOLA, FL 32502 US**

Mailing Address

**25 W CEDAR STREET
SUITE #530
PENSACOLA, FL 32502 US**



01042005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2949126

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JERNIGAN, GORDON
25 W CEDAR STREET
SUITE #530
PENSACOLA, FL 32502**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JERNIGAN, GORDON
STREET ADDRESS 25 W CEDAR STREET, SUITE #530
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE VPD
NAME ABBOTT, ANGELA A
STREET ADDRESS 4420 S WASHINGTON AVENUE
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE STD
NAME FERGUSON, WALTER
STREET ADDRESS 11021 RUDEN ROAD
CITY-ST-ZIP FT MEYERS, FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000176484
01/10/05-80093-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Suter for Gordon Jernigan

1/3/05 (850)3931210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gordon Jernigan