

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90025 040 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 4051 Barrancas Ave		3. Mailing Address 4051 Barrancas Ave			
Suite, Apt. #, etc. Ste G PMB 217		Suite, Apt. #, etc. Ste G PMB 217			
City & State Pensacola FL		City & State Pensacola FL			
Zip 32507		Country USA		Zip 32507	
Country USA		4. FEI Number 59-2949126			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JERNIGAN, GORDON 25 W CEDAR STREET SUITE #530 PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name Angela A. Abbott Street Address (P.O. Box Number is Not Acceptable) 4051 Barrancas Ave. Ste G PMB 217 City Pensacola FL Zip Code 32507		
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 4-28-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JERNIGAN, GORDON 25 W CEDAR STREET, SUITE #530 PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ABBOTT, ANGELA A 4420 S WASHINGTON AVENUE TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JPD Angela Abbott 4051 Barrancas Ave. Ste G PMB 217 Pensacola FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FERGUSON, WALTER 11021 RUDEN ROAD FT MEYERS, FL 33917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			4-28-08 (850) 393 1218		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		