

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90072 038 ****61.25

DOCUMENT # 770672

1. Entity Name
DUNBAR HOUSING ASSOCIATION, INC.



Principal Place of Business
**3510 MARTIN LUTHER KING
FORT MYERS, FL 33916**

Mailing Address
**P.O. BOX 990
JACKSONVILLE, FL 32239 US**

54071413



2. Principal Place of Business

3. Mailing Address
P.O. Box 990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08032004 Chg-NP CR2E037 (10/03)

City & State

City & State
Fort Myers Florida

4. FEI Number
59-2387299

Applied For
Not Applicable

Zip

Country

Zip
33902

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNEE, RONALD
243 ARLINGTON ROAD N.
JACKSONVILLE, FL 32211**

Name
Veronica Shoemaker

Street Address (P.O. Box Number is Not Acceptable)

3510 Martin Luther King Blvd

City
Fort Myers

FL

Zip Code
33916

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: *Veronica S. Shoemaker*

8/10/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SIMMS, NANCY
3130 ST CHARLES ST
FT MYERS, FL 00000, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORGAN, MELVIN
2196 PAULO ST.
FT. MYERS, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MCCUTCHEON, MACK "PAT"
2633 LAFAYETTE STREET
FT. MYERS, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
YOUNG, MATTIE
1540 LOCKWOOD STREET
FT MYERS, FL 00000, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANDERSON, AUDREA D
1766 MARLYN ROAD
FT MYERS, FL 00000, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Shoemaker, Veronica S.
3054 MARLYN ST
Fort Myers, FL 33916 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: *Veronica S. Shoemaker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/04

Date

239-332 1802

Daytime Phone #

VERONICA S. SHOEMAKER