FILED
May 29, 2002 8:00 am
Secretary of State
05-01-2002 91524 031 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002684

1. Entity Name
Punta Gorda Housing Authority, Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
420 Myrtle Street
Suite, Apt. #, etc.
City & State: Punta Gorda FL
Zip: 33950 Country: USA

3. Mailing Address
402 E. Marion Ave
Suite, Apt. #, etc.: B-15
City & State: Punta Gorda FL
Zip: 33950 Country: USA

4. FEI Number: 65-110-4278 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Jean Farino
Street Address (P.O. Box Number is Not Acceptable): 420 Myrtle Street
City: Punta Gorda FL Zip Code: 33950

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President PATRICIA T. MYERS 406 E. Charlotte Ave Punta Gorda FL. 33950 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President James Purdy 428 Myrtle Street #2 Punta Gorda FL 33950 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Dianne Bettmann 730 Hazel Street #4 Punta Gorda FL. 33950 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Vincent Noble 402 Marion Ave B-8 Punta Gorda FL. 33950 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sgt at Arms Josephine O'Briski 734 Hazel Street #2 Punta Gorda FL. 33950 D
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia T Myers PATRICIA T. MYERS APRIL 15 2002 941-505-6698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #