## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004320

Entity Name: SERA HOUSING CORPORATION, INC.

FILED Apr 30, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 21310 N.W. 37TH AVENUE 21310 N.W. 37TH AVENUE CAROL CITY, FL 33056 MIAMI GARDENS, FL 33056 **Current Mailing Address: New Mailing Address:** 21310 N.W. 37TH AVENUE 21310 N.W. 37TH AVENUE CAROL CITY, FL 33056 MIAMI GARDENS, FL 33056 FEI Number: 06-1622538 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TUMPKIN, MARY A DR TUMPKIN, MARY A DR 21310 N.W. 37TH AVENUE 21310 N.W. 37TH AVENUE % UNIVERSAL TRUTH CENTER % UNIVERSAL TRUTH CENTER CAROL CITY, FL 33056 MIAMI GARDENS, FL 33056 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: DR MARY A TUMPKIN 04/30/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TUMPKIN, MARY A Name: Name: 21310 N.W. 37TH AVENUE Address: Address: City-St-Zip: CAROL CITY, FL 33056 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: COLEMAN, JOHNNIE DR. Name: Address: 11901 SOUTH ASHLAND AVENUE Address: City-St-Zip: CHICAGO, IL City-St-Zip: Title: (X) Delete Title: () Change () Addition DUHANEY, TREVOR Name: Name: 6100 N.W. 167TH STREET Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: Title: (X) Delete Title: () Change () Addition DUHANEY, TREVOR Name: Name: Address: 6100 N.W. 167TH STREET Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition PHILLIPS, ROY PHILLIPS, ROY Name: Name: 12725 S.W. 218TH STREET 21310 NW 37 AVE Address: Address: City-St-Zip: MIAMI, FL 33170 City-St-Zip: MIAMI GARDENS, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR MARY A TUMPKIN PD 04/30/2004