

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006162

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** LOW INCOME HOUSING AND COMMUNITY DEVELOPMENT CORPORATION, INC.

**Current Principal Place of Business:**

803 S. GEORGIA AVENUE  
ROCKLEDGE, FL 3295

**New Principal Place of Business:**

803 S. GEORGIA AVENUE  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

P.O. BOX 555614  
ORLANDO, FL 32805

**New Mailing Address:**

803 S. GEORGIA AVENUE  
ROCKLEDGE, FL 32955

**FEI Number:** 01-0717922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BETTS, HENRY S  
803 S GEORGIA AVENUE  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

MILLER, CONSTANCE M  
803 S GEORGIA AVENUE  
ROCKLEDGE, FL 32955 US

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: CONSTANCE MILLER

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BETTS, HENRY  
Address: 803 S GEORGIA AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP ( ) Delete  
Name: COSTICT, WANDA  
Address: 521 WOODS AVE.  
City-St-Zip: ORLANDO, FL 32805

Title: S ( ) Delete  
Name: MILLER, CONNIE  
Address: 803 S GEORGIA AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: T ( ) Delete  
Name: GUSTAVSSON, HAROLD  
Address: 803 S GEORGIA AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MILLER, CONSTANCE  
Address: 803 S GEORGIA AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP (X) Change ( ) Addition  
Name: COSTICT, WANDA  
Address: 803 S GEORIGA AV  
City-St-Zip: ROCKLEDGE, FL 32955

Title: S (X) Change ( ) Addition  
Name: BRIDGES, LLOYD  
Address: 803 S GEORGIA AV  
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CONSTANCE MILLER

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date