

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02583

FILED
Apr 25, 2005
Secretary of State

Entity Name: CEDO HOUSING DEVELOPMENT CORPORATION

Current Principal Place of Business:

20 EAST WASHINGTON ST
STE A
QUINCY, FL 32351 US

New Principal Place of Business:

Current Mailing Address:

20 E WASHINGTON ST
STE A
QUINCY, FL 32351 US

New Mailing Address:

FEI Number: 59-2575950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLT, MRS. INEZ M.
20 E WASHINGTON ST
STE A
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PALMER, JAMES
Address: 329 S PATTON ST
City-St-Zip: QUINCY, FL 32351

Title: T () Delete
Name: HOLT, INEZ M
Address: 656 S. 11TH STREET
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: GREEN, ROBERT
Address: 324 S. SHADOW STREET
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: FURLOW, JESSIE
Address: 810 SELMAN ROAD
City-St-Zip: QUINCY, FL 32351

Title: C () Delete
Name: SHOWERS, JEROME
Address: RTE 1 HWY 12
City-St-Zip: HAVANA, FL 32333

Title: S () Delete
Name: ANDERSON, MARILYN W
Address: 707 SMITH ST
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: JEROME SHOWERS

C

04/25/2005

Electronic Signature of Signing Officer or Director

Date