

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90343 004 ****70.00

DOCUMENT # N02583

1. Entity Name
CEDO HOUSING DEVELOPMENT CORPORATION



Principal Place of Business
20 EAST WASHINGTON ST
STE A
QUINCY, FL 32351 US

Mailing Address
20 E WASHINGTON ST
STE A
QUINCY, FL 32351 US

40072012



03292006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2575950

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PALMER, JAMES
STREET ADDRESS	329 S PATTON ST
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	T
NAME	HOLT, INEZ M
STREET ADDRESS	656 S. 11TH STREET
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	D
NAME	GREEN, ROBERT
STREET ADDRESS	324 S. SHADOW STREET
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	D
NAME	FURLOW, JESSIE
STREET ADDRESS	810 SELMAN ROAD
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	C
NAME	SHOWERS, JEROME
STREET ADDRESS	RTE 1 HWY 12
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	S
NAME	ANDERSON, MARILYN W
STREET ADDRESS	707 SMITH ST
CITY-ST-ZIP	QUINCY, FL 32351

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06

Date

850/627-7656

Daytime Phone #