

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02775

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: CHRIST THE KING HOUSING II, INC.

## Current Principal Place of Business:

4600 W. KENNEDY BLVD.  
P O BOX 18607  
TAMPA, FL 336795607

## New Principal Place of Business:

4125 N. LINCOLN AVENUE  
TAMPA, FL 33607

## Current Mailing Address:

4600 W. KENNEDY BLVD.  
P O BOX 18607  
TAMPA, FL 336795607

## New Mailing Address:

FEI Number: 59-2482529      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALEM, ALBERT M JR. ESQ  
4600 W. KENNEDY BLVD.  
TAMPA, FL 33609      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: PD      ( ) Delete  
Name: BALHAZAR, NORMAN G  
Address: 4600 W KENNEDY BLVD  
City-St-Zip: TAMPA, FL

Title: TD      ( ) Delete  
Name: CONNER, DOUGLAS  
Address: 4906 ST. CROIX  
City-St-Zip: TAMPA, FL 33629

Title: SD      ( ) Delete  
Name: PIEPER, BARBARA  
Address: 804 BAYSIDE DRIVE  
City-St-Zip: TAMPA, FL 33629

Title: D      ( ) Delete  
Name: MORGAN, JOAN  
Address: 1431 ISLAND DRIVE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VD      ( ) Delete  
Name: SMITH, SYLVIA  
Address: 5018 THE RIVIERA  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD      (X) Change ( ) Addition  
Name: PIEPER, BARBARA  
Address: 823 S ROXMERE RD  
City-St-Zip: TAMPA, FL 33609

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

Title: VPD      (X) Change ( ) Addition  
Name: SMITH, SYLVIA  
Address: 5018 THE RIVIERA  
City-St-Zip: TAMPA, FL

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: ALBERT M. SALEM, JR. ESQ

RA

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date