

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001526

Entity Name: FLORIDA PSK HOUSING, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

2735 S.W. 35TH PLACE, #404  
GAINESVILLE, FL 32608

## New Principal Place of Business:

6 FRATERNITY ROW  
GAINESVILLE, FL 32603

## Current Mailing Address:

2735 S.W. 35TH PLACE, #404  
GAINESVILLE, FL 32608

## New Mailing Address:

PO BOX 2184  
GAINESVILLE, FL 32602

FEI Number: 13-4254518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOUST, KEVIN  
2735 S.W. 35TH PLACE, #404  
GAINESVILLE, FL 32608

## Name and Address of New Registered Agent:

WILSON, GEOFFREY  
4510 NW 34TH DR  
GAINESVILLE, FL 32605

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: GEOFFREY WILSON

04/30/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: FOUST, KEVIN  
Address: 2735 S.W. 35TH PLACE, #404  
City-St-Zip: GAINESVILLE, FL 32608

Title: TD ( ) Delete  
Name: SCHNEIDER, BRIAN  
Address: 2735 S.W. 35TH PLACE, #404  
City-St-Zip: GAINESVILLE, FL 32608

Title: PD ( ) Delete  
Name: WILSON, GEOFFREY  
Address: 2735 S.W. 35TH PLACE, #404  
City-St-Zip: GAINESVILLE, FL 32608

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition  
Name: SCHNEIDER, BRIAN  
Address: PO BOX 2184  
City-St-Zip: GAINESVILLE, FL 32602

Title: PD (X) Change ( ) Addition  
Name: WILSON, GEOFFREY  
Address: 4510 NW 34TH DR  
City-St-Zip: GAINESVILLE, FL 32605

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: GEOFFREY WILSON

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date