

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 32608Title: TD () Delete
Name: SCHNEIDER, BRIAN
Address: 2735 S.W. 35TH PLACE, #404
City-St-Zip: GAINESVILLE, FL 32608Title: 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 32602Title: 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 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