2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 27, 2004 8:00 am Secretary of State DOCUMENT # N03000005143 1. Entity Name 08-27-2004 90005 001 ****61.25 DELAND COMMUNITY HOUSING, INC. Principal Place of Business Mailing Address 300 SUNFLOWER CIRCLE 300 SUNFLOWER CIRCLE 54070500 DELAND FL 32724 DELAND FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (4/04) City & State City & State 4. FEI Number Applied For applied for Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICARDO L. GILMORE, ESQ. GILMORE, RICARDO L ESQ. Street Address (P.O. Box Number is Not Acceptable) . Suite 600 101 E. KENNEDY BOULEVARD **SUITE 3200** Tampa, FL 33602 **TAMPA FL 33602** Zia Code same agent/new address FL 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D TITLE ☐ Delete TITLE Change X Addition H. VANN RHODES Linda A. McDonnell 300 Sunflower Circle NAME NAME 300 SUNFLOWER CIRCLE STREET ADDRESS STREET ADDRESS DeLand, FL 32724 DELAND FL 32724 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MAULDIN, MARGARET NAME NAME 300 SUNFLOWER CIRCLE STREET ADDRESS STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change ☐ Addition FORTNER, JANETTE M NAME 300 SUNFLOWER CIRCLE STREET ADDRESS STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change WALLACE, ANGELA E NAME NAME 300 SUNFLOWER CIRCLE STREET ADDRESS STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition LYNN, RICHARD NAME NAME 300 SUNFLOWER CIRCLE STREET ADDRESS STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED

386-734-2564 8/25/04 **SIGNATU** Linda A.McDonnell SIGNING OFFICER OR DIRECTOR Daytime Phone #

12. 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 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.