


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90089 033 ****61.25

DOCUMENT # N03000005143 1. Entity Name DELAND COMMUNITY HOUSING, INC.					
Principal Place of Business 300 SUNFLOWER CIRCLE DELAND, FL 32724				Mailing Address 300 SUNFLOWER CIRCLE DELAND, FL 32724	
2. Principal Place of Business - No P.O. Box # 1450 S.Woodland Blvd.		3. Mailing Address 1450 S.Woodland Blvd.			
Suite, Apt. #, etc. Suite 200A		Suite, Apt. #, etc. Suite 200A			
City & State DeLand, FL		City & State DeLand, FL		4. FEI Number 74-3172311	
Zip 32720	Country Volusia	Zip 32720	Country Volusia	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILMORE, RICARDO L ESQ. 201 E. KENNEDY BOULEVARD SUITE 600 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 <u><i>Linda A. McDonnell</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D H. VANN RHODES 300 SUNFLOWER CIRCLE DELAND, FL 32724	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAULDIN, MARGARET 300 SUNFLOWER CIRCLE DELAND, FL 32724	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTNER, JANETTE M 300 SUNFLOWER CIRCLE DELAND, FL 32724	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, ANGELA E 300 SUNFLOWER CIRCLE DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNN, RICHARD 300 SUNFLOWER CIRCLE DELAND, FL 32724	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDONNELL, LINDA A 300 SUNFLOWER CIRCLE DELAND, FL 32724	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1450 S.Woodland Blvd, Suite 200A DeLand, FL 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1450 S.Woodland Blvd, Suite 200A DeLand, FL 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1450 S.Woodland Blvd, Suite 200A DeLand, FL 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Linda A. McDonnell</i></u> Linda A. McDonnell 4-19-07 386-734-2564 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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