

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010594

FILED
Jan 14, 2008
Secretary of State

Entity Name: FLORIDA AMERICAN HOUSING FOUNDATION, INC.

Current Principal Place of Business:

1800 S. WASHINGTON
SUITE 311
AMARILLO, TX 79102

New Principal Place of Business:

Current Mailing Address:

1800 S. WASHINGTON
SUITE 311
AMARILLO, TX 79102

New Mailing Address:

FEI Number: 74-3098128 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: FLETCHER, J I
Address: 1800 S. WASHINGTON, SUITE 311
City-St-Zip: AMARILLO, TX 79102

Title: D () Delete
Name: HOGGARD, STEVE
Address: 2200 S.E. 28TH, # 321
City-St-Zip: AMARILLO, TX 79103

Title: D () Delete
Name: SHARP, RANDY
Address: 4807 ABERDEEN PARKWAY
City-St-Zip: AMARILLO, TX 79119

Title: D () Delete
Name: STERQUELL, BETTY
Address: 5501 EVERETT
City-St-Zip: AMARILLO, TX 79106

Title: D () Delete
Name: ZAMBRANO, MARIA
Address: 2000 S.E. 28TH STREET, #817
City-St-Zip: AMARILLO, TX 79103

Title: D () Delete
Name: RICE, SCOTT
Address: BRUSH RANCH CAMPS HCR 73, BOX 32
City-St-Zip: TERERRO, NM 87573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: STEVE STERQUELL

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date