

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008082

FILED
Sep 13, 2006
Secretary of State

Entity Name: HOUSING ENHANCEMENT FOR LOWER INCOME PEOPLE INC

Current Principal Place of Business:

1121 N.W. 182ND STREET
MIAMI,, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6781
TITUSVILLE, FL 32782

New Mailing Address:

PO BOX 141172
ORLANDO, FL 32814

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EDWARDS, OTHNIEL A
2454 KATHI KIM ST
COCOA, FL 32926 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: VP () Delete
Name: EDWARDS, OTHNIEL A
Address: 2454 KATHI KIM ST
City-St-Zip: COCOA, FL 32926

Title: P () Delete
Name: MCDONALD, EVETTE
Address: 1121 N.W. 182ND ST
City-St-Zip: MIAMI, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: OTHNIEL EDWARDS

VIC

09/13/2006

Electronic Signature of Signing Officer or Director

Date