

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 11, 2008
Secretary of State**

DOCUMENT# N04000008082

Entity Name: HOUSING ENHANCEMENT FOR LOWER INCOME PEOPLE INC

Current Principal Place of Business:

2431 TAYLOR STREET
MIMS, FL 32754 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 112
MIMS, FL 32754

New Mailing Address:

FEI Number: 14-1915984 **FEI Number Applied For ()** **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
139 E. HARDING STREET
ORLANDO, FL 32806 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: 139 E. HARDING STREET
City-St-Zip: ORLANDO, FL 32806

Title: P () Delete
Name: LAWSON-YOUNG, CHERYL
Address: 1905 FAIRLANE DRIVE
City-St-Zip: TITUSVILLE, FL 32780

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 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 A. EDWARDS

VP

07/11/2008

Electronic Signature of Signing Officer or Director

_____ Date