

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 18, 2010
Secretary of State

DOCUMENT# N06000000003

Entity Name: THE LOCAL COMMUNITY HOUSING CORPORATION**Current Principal Place of Business:**500 S WALTON AVENUE
TARPON SPRINGS, FL 34689 US**New Principal Place of Business:****Current Mailing Address:**500 S WALTON AVENUE
TARPON SPRINGS, FL 34689 US**New Mailing Address:****FEI Number:** 20-4000503**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WEBER, PATRICIA
500 S WALTON AVE
TARPON SPRINGS, FL 34689 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: P
Name: HERRING, LINDA
Address: 500 S WALTON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V
Name: BAIRD, MELISSA
Address: 500 S WALTON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D
Name: DAY, JULIANNA
Address: 500 S WALTON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D
Name: LOGAN, ALPHONSO
Address: 500 S WALTON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D
Name: WILKINSON, TINA
Address: 500 S WALTON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D
Name: WILSON, CARMEN
Address: 500 S WALTON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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 all other like empowered.

SIGNATURE: LINDA HERRING

P

11/18/2010

Electronic Signature of Signing Officer or Director

Date