2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007
Secretary of State

DOCUMENT# N06000010113

Entity Name: EMERGENCY HOUSING, INC.

Current Principal Place of Business:

1708 W 14TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

2825 N DAVIS ST
JACKSONVILLE, FL 32209

Current Mailing Address:

1708 W 14TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 41-2219203 **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:

SPENCER, TRACEY A
1708 W 14TH STREET
JACKSONVILLE, FL 32209 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 ( ) Delete
Name: SPENCER, TRACEY A
Address: 1708 W 14TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: V ( ) Delete
Name: SPENCER, WARREN L
Address: 1708 W 14TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: ST ( ) Delete
Name: SPENCER, THOMAS J
Address: 4620 CASTLEWOOD DR W
City-St-Zip: JACKSONVILLE, FL 32206

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/M (X) Change ( ) Addition
Name: SPENCER, TRACEY A
Address: 1708 W 14TH STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: V/M (X) Change ( ) Addition
Name: DAVIS, MARY
Address: 6041 EDGEFIELD DR
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: T (X) Change ( ) Addition
Name: SPENCER, THOMAS J
Address: 4620 CASTLEWOOD DR W
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: S ( ) Change (X) Addition
Name: SPENCER, WARREN L
Address: 1708 W 14 TH ST
City-St-Zip: JACKSONVILLE, FL 32209 US

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: TRACEY SPENCER P/M 09/06/2007

Electronic Signature of Signing Officer or Director — Date