

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010113

FILED  
May 01, 2008  
Secretary of State

Entity Name: EMERGENCY HOUSING, INC.

## Current Principal Place of Business:

2825 N DAVIS ST  
JACKSONVILLE, FL 32209

## New Principal Place of Business:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S      (X) Change ( ) Addition  
Name: WILLIAMS, JEANINE J  
Address: 2967 COLLIER AVE  
City-St-Zip: JACKSONVILLE, FL 32205 US

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: TRACEY A SPENCER

P

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date