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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000003949

1. Entity Name
FLORIDA FEDERATION OF HOUSING COUNSELORS AND AGENCIES, INC.

Principal Place of Business	Mailing Address
1334 SE FORT KING STREET OCALA, FL 34474	1334 SE FORT KING STREET OCALA, FL 34474

03102008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1306 NE 2nd St. Suite 2		1306 NE 2nd	
Suite, Apt #, etc.: Suite 2		Suite, Apt. #, etc.: Suite 2	
City & State: Ocala Florida		City & State: Ocala Florida	
Zip: 34471	Country: marion	Zip: 34471	Country: marion

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILTON, JONAS 1334 SE FORT KING STREET OCALA, FL 34471	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: MILTON, JONAS STREET ADDRESS: 1334 SE FORT KING STREET CITY-ST-ZIP: OCALA, FL 34474	☐ Delete	TITLE / NAME: MARIE HEATH STREET ADDRESS: Edward Walters College CITY-ST-ZIP: Jacksonville FL 32206	☐ Change ☒ Addition
TITLE: D NAME: DUKES, WALTER E STREET ADDRESS: 5923 NORWOOD AVENUE CITY-ST-ZIP: JACKSONVILLE, FL 32208	☐ Delete (M 3/20)	TITLE / NAME: DR. Reginald L. Gandy STREET ADDRESS: 6000 EAVERSON St CITY-ST-ZIP: Jacksonville FL 32204	☐ Change ☒ Addition
TITLE: D NAME: KYLE, JENNIFER STREET ADDRESS: 10252 S US HWY 441, SUITE B-2 CITY-ST-ZIP: BELLEVIEW, FL 34420	☒ Delete	(signature) Reginald L. Gandy	☐ Change ☐ Addition
TITLE: D NAME: WOOD-CARPER, DESINDA DEE L STREET ADDRESS: 301 S BRONOUGH STREET, SUITE 300 CITY-ST-ZIP: TALLAHASSEE, FL 32302	☒ Delete	600120860176 03/21/08--01003--019 **201.25	☐ Change ☐ Addition
TITLE: D NAME: JONES, DARRYL STREET ADDRESS: 501 WEST ORANGE AVE CITY-ST-ZIP: TALLAHASSEE, FL 32310	☒ Delete		☐ Change ☐ Addition
TITLE: D NAME: JAMES, SHA'RON ESQUIRE STREET ADDRESS: 215 SOUTH MONROE STREET, SUITE 701 CITY-ST-ZIP: TALLAHASSEE, FL 32301	☒ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jonas (signature) march 12, 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03/19/2008 15:14 850-245-6004 DEPT OF STATE