

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

08 OCT 15 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09292008 Chg-NP CR2E037 (12/06)

DOCUMENT # N07000003949			
1. Entity Name FLORIDA FEDERATION OF HOUSING COUNSELORS AND AGENCIES, INC.			
Principal Place of Business 1306 NE 2ND ST SUITE 2 OCALA, FL 34471 c/o Jonas Milton		Mailing Address 1306 NE 2ND ST SUITE 2 OCALA, FL 34471 c/o Jonas Milton	
2. Principal Place of Business - No P.O. Box # 1724 Silver Street		3. Mailing Address 1724 Silver Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32206-4448		Country	
4. FEI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILTON, JONAS 1334 SE FORT KING STREET OCALA, FL 34471		7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable) 1724 Silver Street City: Jacksonville FL Zip Code: 32206-4448	
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 _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	PD MILTON, JONAS 1334 SE FORT KING STREET OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT/CEO MILTON, JONAS 1724 Silver Street Jacksonville FL 32206-4448 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUKES, WALTER E 5923 NORWOOD AVENUE JACKSONVILLE, FL 32208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Donna Karrar REALESTATE DEVELOPMENT INVESTMENT 1537 BISCAYNE BOY DR. Jacksonville Florida 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEATH, MARIE EDWARD WALTERS COLLEGE JACKSONVILLE, FL 32206 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300136785913 10/08/08--01006--022 **\$97.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUNDY, REGINALD L 600 EAVERTSON ST JACKSONVILLE, FL 32204 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300136785913 10/15/08--01010--008 **\$60.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		10/7/08 352-759-4157 Date Daytime Phone #	