

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004689

FILED  
Mar 26, 2008  
Secretary of State

**Entity Name:** HOUSING OPPORTUNITIES AND PERSONAL EMPOWERMENT, INC.

**Current Principal Place of Business:**

2729 WEST PENSACOLA STREET  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

2729 WEST PENSACOLA STREET  
TALLAHASSEE, FL 32304

**New Mailing Address:**

**FEI Number:** 51-0600425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMB, STEPHANIE  
102 WEST 3RD AVE  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

JARRETT, JOEL  
6532 MONTROSE TRAIL  
TALLAHASSEE, FL 32309 US

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: JOEL JARRETT

03/26/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WEBB, STACY  
Address: 3789 OVERLOOK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete  
Name: BURNETTE, ADA P  
Address: PO BOX 38543  
City-St-Zip: TALLAHASSEE, FL 32315

Title: D ( ) Delete  
Name: PARKER, MICHAEL  
Address: 6632 CHEVY WAY  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D (X) Delete  
Name: LAMB, STEPHANIE  
Address: 102 WEST 3RD AVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Delete  
Name: GARRISON, RON  
Address: 4706 INISHEER COURT  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: WEBB, STACY  
Address: 3789 OVERLOOK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: P (X) Change ( ) Addition  
Name: JARRETT, JOEL  
Address: 6532 MONTROSE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

Title: S/T (X) Change ( ) Addition  
Name: WEBSTER, RANDALL  
Address: P. O. BOX 1841  
City-St-Zip: TALLAHASSEE, FL 32302 18

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

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: JOEL JARRETT

P

03/26/2008

Electronic Signature of Signing Officer or Director

Date