

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008851

FILED
Jan 15, 2009
Secretary of State

Entity Name: D&C HOUSEING INC.

Current Principal Place of Business:

930 GEORGIA AVENUE
ROCKLEDGE, FL 32955

New Principal Place of Business:

930 S. GEORGIA AVENUE
ROCKLEDGE, FL 32955

Current Mailing Address:

930 GEORGIA AVENUE
ROCKLEDGE, FL 32955

New Mailing Address:

930 S. GEORGIA AVENUE
ROCKLEDGE, FL 32955

FEI Number: 20-8061624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, CAROLYN
930 GEORGIA AVENUE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

MOBLEY, CAROLYN
930 S. GEORGIA AVENUE
ROCKLEDGE, FL 32955 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: CAROLYN MOBLEY

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOBLEY, HENRY
Address: 930 GEORGIA AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VT () Delete
Name: CAMPBELL, CAROLYN
Address: 930 GEORGIA AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: MCCREA, SANNIE
Address: 192 KINDALE ROAD
City-St-Zip: KINGSTREE, SC 92556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOBLEY, CAROLYN
Address: 930 S. GEORGIA AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VT (X) Change () Addition
Name: MOBLEY, HENRY
Address: 930 S. GEORGIA AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

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: CAROLYN MCCLARY

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date