## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000006818

FILED Jun 17, 2009 Secretary of State

Entity Name: NORTH EAST COMMUNITY HOUSING & DEVELOPMENT, INC.

urrent P	rincipal Place of Business:	New Principal Place of Business:	
	KERSON LANE IVILLE, FL 32207		
urrent N	lailing Address:	New Mailing Address:	
	KERSON LANE IVILLE, FL 32207		
	: 26-3026566 FEI Number Applied For() ace with s. 607.193(2)(b), F.S., the corporation di	FEI Number Not Applicable ( ) Certificate of Status Desired (	( )
lame and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:	
ORROT	O, ARNALDO		
	KERSON LANE IVILLE, FL 32207 US		
ACKSON	KÉRSON LANE IVILLE, FL 32207 US	e purpose of changing its registered office or registered agent, or	- both
ACKSON	KÉRSON LANE IVILLE, FL 32207 US e named entity submits this statement for the e of Florida. RE:		- both
ACKSON he above the State	KÉRSON LANE IVILLE, FL 32207 US e named entity submits this statement for the e of Florida.		- both
ACKSON The above In the State	KÉRSON LANE IVILLE, FL 32207 US e named entity submits this statement for the e of Florida. RE:		
ACKSON The above In the State	KÉRSON LANE IVILLE, FL 32207 US  named entity submits this statement for the of Florida.  RE:  Electronic Signature of Registered	Agent Date	
ACKSON The above The State SIGNATUE  PFFICER  Ittle: The ame: The	KÉRSON LANE IVILLE, FL 32207 US  e named entity submits this statement for the of Florida.  RE:  Electronic Signature of Registered  S AND DIRECTORS:  P () Delete BORROTO, ARNALDO 2027 NICKERSON LANE	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title: ( ) Change ( ) Addition  Name: Address:	

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: ARNALDO BORROTO P 06/17/2009