

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008959

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** FULLER CENTER FOR HOUSING SOUTH WALTON COUNTY FL. INC.

**Current Principal Place of Business:**

237 MAGNOLIA ST.  
SANTA ROSA BCH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2002  
SANTA ROSA BCH., FL 32459 US

**New Mailing Address:**

**FEI Number:** 26-3068021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEAN, BOB W  
54 NIGHT CAP ST  
SANTA ROSA BCH, FL 32459 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: DEAN, BOB W  
Address: 54 NIGHT CAP ST  
City-St-Zip: SANTA ROSA BCH, FL 32459 US

Title: VP/D ( ) Delete  
Name: LOUEN, MARSHALL REV.  
Address: 3524 HWY 98  
City-St-Zip: SANTA ROSA BCH, FL 32459 US

Title: E D ( ) Delete  
Name: SOUTHERLAND, GEORGE  
Address: 176 BEACON WAY  
City-St-Zip: SANTA ROSA BCH, FL 32459 US

Title: DIR ( ) Delete  
Name: PIKE, RANDY  
Address: 44 COURTYARD CIR  
City-St-Zip: SANTA ROSA BCH, FL 32459 US

Title: DIR ( ) Delete  
Name: HUETTEL, KATHY  
Address: MITCHELL ST  
City-St-Zip: SANTA ROSA BCH, FL 32459 US

Title: DIR ( ) Delete  
Name: HYDE, PETE REV  
Address: HWY 98  
City-St-Zip: SANTA ROSA BCH, FL 32459 US

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

Title: PRES (X) Change ( ) Addition  
Name: DEAN, BOB W  
Address: 54 NIGHT CAP ST  
City-St-Zip: SANTA ROSA BCH, FL 32459 US

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

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

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

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: BOB W DEAN

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date