

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008959

FILED
Mar 28, 2010
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

New Principal Place of Business:

Current Mailing Address:

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

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: PD
Name: DEAN, BOB W
Address: 54 NIGHT CAP ST
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: VPD
Name: LOWEN, MARSHALL REV.
Address: 3524 HWY 98
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: D
Name: PIKE, RANDY
Address: 44 COURTYARD CIR
City-St-Zip: SANTA ROSA BCH, FL 32459

I hereby 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 all other like empowered.

SIGNATURE: BOB DEAN

PD

03/28/2010

Electronic Signature of Signing Officer or Director

Date