2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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

Title: D
Name: HUFF, TOM
Address: P.O. BOX 2002
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: D
Name: HEUTTEL, CATHY
Address: P. O. BOX 2002
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: D
Name: NORTH, JERRY
Address: P.O. BOS 2002
City-St-Zip: SANTA ROSA BCH., FL 32459

Title: D
Name: COOPER, MRATHA
Address: P.O. BOX 2002
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 W DEAN PRES 01/06/2011

Electronic Signature of Signing Officer or Director — Date