

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009444

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** FLORIDA COMMUNITY HOUSING NETWORK, CORP.

**Current Principal Place of Business:**

2535 RICHMOND AVE  
SANFORD, FL 32773

**New Principal Place of Business:**

250 WILSHIRE BLVD SUITE 131  
CASSELBERRY, FL 32707

**Current Mailing Address:**

2535 RICHMOND AVE  
SANFORD, FL 32773

**New Mailing Address:**

250 WILSHIRE BLVD SUITE 131  
CASSELBERRY, FL 32707

**FEI Number:** 80-0278944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GRULLON, PAULA  
2535 RICHMOND AVE  
SANFORD, FL 32773 US

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

GRULLON, PAULA  
2658 S MYRTLE AVE  
SANFORD, FL 32773 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: \_\_\_\_\_

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GRULLON, PAULA  
Address: 2535 RICHMOND AVE  
City-St-Zip: SANFORD, FL 32773

Title: VPS (X) Delete  
Name: MORTON, DONNA  
Address: 2535 RICHMOND AVE  
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete  
Name: MENDEZ, CARLOS  
Address: 2932 CLOVIS DR  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: DUNN, DIANA  
Address: 1140 BUTLER WAY  
City-St-Zip: SANFORD, FL 32773

Title: D (X) Delete  
Name: MORTON, DANIELLE  
Address: 635 SPRING OAKS  
City-St-Zip: ALTAMONTE, FL 32714

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

Title: P (X) Change ( ) Addition  
Name: GRULLON, PAULA  
Address: 2658 S MYRTLE AVE  
City-St-Zip: SANFORD, FL 32773

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: PAULA GRULLON

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date