

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17540

FILED
Feb 08, 2007
Secretary of State

Entity Name: CARC HOUSING, INC.

Current Principal Place of Business:

512 SW SISTERS WELCOME RD.
LAKE CITY, FL 320250752 US

New Principal Place of Business:

Current Mailing Address:

512 SW SISTERS WELCOME RD.
LAKE CITY, FL 320250752 US

New Mailing Address:

FEI Number: 59-2785560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JEWETT, CAROL J
512 SW SISTERS WELCOME RD.
LAKE CITY, FL 320250752 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 () Delete
Name: DAVIS, CEDRIC
Address: 5269 SW COUNTY ROAD 242
City-St-Zip: LAKE CITY, FL 32024

Title: TD () Delete
Name: BREWER, G DAVID
Address: 3994 NW COLONIAL GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: VD () Delete
Name: MCKEE, MIKE
Address: 708 NW SCENIC LAKE DRIVE
City-St-Zip: LAKE CITY, FL 32055

Title: SD () Delete
Name: POTTLE, BETSY
Address: 1804 WEST US HIGHWAY 90
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCKEE, MIKE
Address: 708 NW SCENIC LAKE DR
City-St-Zip: LAKE CITY, FL 32055

Title: TD (X) Change () Addition
Name: REGISTER, GIGI
Address: PO BOX 3583
City-St-Zip: LAKE CITY, FL 32056

Title: VD (X) Change () Addition
Name: MCCLELLAND, HERB
Address: 512 SW RANDALL TERRACE
City-St-Zip: LAKE CITY, FL 32024

Title: SD (X) Change () Addition
Name: BREWER, G. DAVID
Address: 3994 NW COLONIAL GLEN
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the 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: MIKE MCKEE

PD

02/08/2007

Electronic Signature of Signing Officer or Director

Date