

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17540

FILED  
Mar 02, 2009  
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: MCKEE, MIKE  
Address: 708 NW SCENIC LAKE DR  
City-St-Zip: LAKE CITY, FL 32055

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

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

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

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

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

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

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

Title: SD (X) Change ( ) Addition  
Name: DAVIS, CEDRIC  
Address: PO BOX 571  
City-St-Zip: LAKE CITY, FL 32056

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: HERB MCCLELLAND

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date