

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 01, 2012
Secretary of State

DOCUMENT# N29812

Entity Name: CENTRAL FLORIDA LEASED HOUSING CORPORATION, INC.**Current Principal Place of Business:**718 MARGARET SQUARE
WINTER PARK, FL 32789**New Principal Place of Business:****Current Mailing Address:**718 MARGARET SQUARE
WINTER PARK, FL 32789**New Mailing Address:****FEI Number:** 59-3006442**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HINCKLEY, LYNDA
718 MARGARET SQUARE
WINTER PARK, FL 32789 US**Name and Address of New Registered Agent:**RICE, PATRICIA
718 MARGARET SQUARE
WINTER PARK, FL 32789 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: PATRICIA RICE

06/01/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MDS
Name: RICE, PATRICIA
Address: 718 MARGARET SQUARE
City-St-Zip: WINTER PARK, FL

Title: D
Name: GEORGE, WILLIAM
Address: 468 VIRGINIA
City-St-Zip: WINTER PARK, FL 32789

Title: D
Name: MACDIARMID, ANN
Address: 1723 GOLFSIDE DR
City-St-Zip: WINTER PARK, FL 32792

Title: D
Name: FELTON, DOROTHY
Address: 845 W. SWOOPE #13
City-St-Zip: WINTER PARK, FL 32789

Title: D
Name: MILLER, MICHAEL
Address: 375 SYLVAN DR.
City-St-Zip: WINTER PARK, FL 32789

Title: D
Name: KENNETH, GOODWIN
Address: 8116 ST. ANDREWS CIR
City-St-Zip: ORLANDO, FL 32835

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: PATRICIA RICE

MDS

06/01/2012

Electronic Signature of Signing Officer or Director

Date