2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47254

FILED Mar 13, 2004 Secretary of State

Entity Nam	ie: THE ORG	GANIZATI	ON FOR HOUSING,	, EDUCAT	ION, LABOR & PUI	BLIC ISSUES, INC.	
Current Principal Place of Business:					New Principal Place of Business:		
PO BOX 49 PORT CHA	94239 ARLOTTE, FL	33949					
Current Mailing Address:					New Mailing Address:		
PO BOX 49 PORT CHA	94239 ARLOTTE, FL	33949	US				
FEI Number:	65-0316894	FEI Num	ber Applied For()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	AMI TRAIL ARLOTTE, FL named entity			purpose o	f changing its regist	ered office or registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				ent		Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DT (PLUMMER, EU 3280 TAMIAMI PT. CHARLOT	TRAIL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT (WILLIAMS, AL 2026 NUREMB PUNTA GORDA	BERG BLVD.	N.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT (YOUNG, ANN, 12581 EUESTF FT. MYERS, FI		015		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EUGENE PLUMMER DT. 03/13/2004