

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

N93000000164

FILED

07 FEB 16 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66000324

01/23/07 90018 047 \$140.00



01042007 Chg-NP CR2E037 (12/08)

DOCUMENT # N93000000164

1. Entity Name  
THE AGRICULTURAL AND LABOR HOUSING  
DEVELOPMENT CORPORATION, INC.



Principal Place of Business  
7301 LYNCHBURG ROAD  
WINTER HAVEN, FL 33885

Mailing Address  
7301 LYNCHBURG ROAD  
WINTER HAVEN, FL 33885

2. Principal Place of Business - No P.O. Box #  
300 Lynchburg Road

3. Mailing Address  
P.O. Box 3126

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Lake Alfred, FL

City & State  
Winter Haven, FL

4. FEI Number  
59-3217763

Applied For  
Not Applicable

Zip  
33850

Country  
USA

Zip  
33885

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

JOHNSON, DELORIS  
7301 LYNCHBURG ROAD  
WINTER HAVEN, FL 33885

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
HOWARD, PHILLIP  
2711 ORCHID DRIVE  
HAINES CITY, FL 33844 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
BIRDSONG, NATHANIEL  
2417 ROBERTS CIRCLE NE  
WINTER HAVEN, FL 33882 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
HOWARD, JOSEPHINE  
2711 ORCHID DRIVE  
HAINES CITY, FL 33844 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WIGGINS, ARABELL  
2303 9TH COURT, NE  
WINTER HAVEN, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
GAMBLE, PATRICIA  
P.O BOX 90942  
LAKELAND, FL 33804 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Phillip D. Howard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-07