## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N9300000164



Feb 27, 2008 8:00 am Secretary of State 02-27-2008 90020 023 \*\*\*\*70.00

**FILED** 

1. Entity Name THE AGRICULTURAL AND LABOR HOUSING DEVELOPMENT CORPORATION, INC.												
Principal Place of Business 300 LYNCHBURG ROAD LAKE ALFRED, FL 33850			PO BOX	Mailing Address PO BOX 3126 WINTER HAVEN, FL 33885							( <b>6</b> )	
2. Principal P	lace of Business	s - No P.O. Box #	3. Mailing	J Address								
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				01092008	Chg-NP	CR2E037	(12/06)	
City & State			City &	City & State				4. FEI Number 59-3217			No	plied For t Applicable
Zip		Country	Zip		Cour	ntry			of Status Desired	μ <sub>γ</sub> έ	8.75 Add ee Required	
6. Name and Address of Current Registered Agent					+	7. Name and Address of New Registered Agent						
JOHNSON, DELORIS 7301 LYNCHBURG ROAD WINTER HAVEN, FL 33885						Name Deloris Johnson Street Address (P.O. Box Number is Not Acceptable)						
WINTER HAVEN, FL 33000							300 Lynchburg Road			7in Codo		
						City	Lake	e Alfred		FL	33850	}
8. The above the obligat		ubmits this statement d agent.	for the purpose	e of changing its	s registere	ed office or	register	ed agent, or both	n, in the State of	Florida. I am fa	miliar with,	and accept
SIGNATURE .		rinted name of registered age	ent and title if applica	ble. (NOT	TE: Registered	1 Agent signatu	re required	when reinstating)		DATE		
SIGNATURE .		rinted name of registered age	ent and title if applica	ble. (NO1 - <b>9.</b> - Election Ca Trust Fund	mpaign Fi	inancing	re required	when reinstating) \$5.00 May Be Added to Fees	FI	DATE  Make check lorida Departi		
SIGNATURE .	Signature, typed or p	rinted name of registered age	,	-9Election Ca	mpaign Fi	inancing		\$5.00 May Be	FI	Make check orida Departi	ment of St	tate
1D. TITLE NAME	Signature, typed of p  Filling Fee I  Due by May  (  CD  HOWARD, P	rinted name of registered age 15 \$61.25 y 1, 2008 OFFICERS AND D	,	-9Election Ca	empaign Fi Contribution 11.	inancing on.		\$5.00 May Be Added to Fees	FI	Make check lorida Departi CERS AND DIRI	ment of St	tate
10.	Signature, typed or p Filling Fee I Due by May	rinted name of registered age IS \$61.25 y 1, 2008 OFFICERS AND D PHILLIP ID DRIVE	,	- <b>9.</b> -Election Ca Trust Fund	tmpaign Fi Contribution 11. TITLE NAME	inancing on.		\$5.00 May Be Added to Fees	FI	Make check lorida Departi CERS AND DIRI	ment of SI	tate
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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 eath; 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.

1/24/2008

863/422-0875

Date

Daytime Phone #