

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90221 001 ***122.50

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1. Entity Name
FT. PIERCE HOUSING AUTHORITY RESIDENT COUNCIL,
INC.



Principal Place of Business
707 N. 7TH STREET
FT. PIERCE, FL 34950 US

Mailing Address
707 N. 7TH STREET
FT. PIERCE, FL 34950 US



2. Principal Place of Business

3. Mailing Address

03082005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0426664

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, GLAISTER
707 N. 7TH STREET
FT. PIERCE, FL 34950

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, 2005

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 P ☒ Delete
NAME TART, KEVIN
STREET ADDRESS 601 AVENUE B #715
CITY-ST-ZIP FT. PIERCE, FL 34950

TITLE V ☐ Delete
NAME JACKSON, JEANNIE
STREET ADDRESS 601 AVENUE B #614
CITY-ST-ZIP FT. PIERCE, FL 34950

TITLE T ☐ Delete
NAME CODIO, CONSTANCE
STREET ADDRESS 601 AVENUE B #411
CITY-ST-ZIP FT. PIERCE, FL 34950

TITLE S ☒ Delete
NAME LAMBERT, DEBRA
STREET ADDRESS 601 AVENUE B #711
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE P ☒ Change ☐ Addition
NAME Jackson, Jeannette
STREET ADDRESS 601 Avenue B #614
CITY-ST-ZIP Fort Pierce, FL 34950

TITLE S ☒ Change ☐ Addition
NAME Codio, Constance
STREET ADDRESS 601 Avenue B #411
CITY-ST-ZIP Fort Pierce, FL 34950

TITLE V ☐ Change ☒ Addition
NAME Ransom, Jim
STREET ADDRESS 601 Avenue B
CITY-ST-ZIP Fort Pierce, FL 34950

TITLE T ☐ Change ☒ Addition
NAME Gaines, Dorothy
STREET ADDRESS 601 Avenue B
CITY-ST-ZIP Fort Pierce, FL 34950

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-05