

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90202 036 ****61.25

DOCUMENT # N93000002932 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0426664	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOKS, GLAISTER 707 N. 7TH STREET FT. PIERCE, FL 34950				7. Name and Address of New Registered Agent Name ROSS, CARRIE Street Address (P.O. Box Number is Not Acceptable) 707 NO 7TH ST City FORT PIERCE FL Zip Code 34950	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> SIGNATURE <u><i>Carrie Ross</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> CARRIE ROSS INTERIM EXECUTIVE DIRECTOR </div> <div style="width: 20%; text-align: right;"> 4-11-07 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, JOHN D 601 AVE B, #712 FT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marshall, Anna 707 North 7 th Street Fort Pierce, FL 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CULLIGAN, BUD 601 AVENUE B #102 FT. PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Snowden, Robert 707 North 7 th Street Fort Pierce, FL 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAINES, DOROTHY 601 AVENUE B FT. PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lumpkin, Nellie 707 North 7 th Street Fort Pierce, FL 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CULLIGAN, SARAH 601 AVE B #102 FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hardee, Ruth 707 North 7 th Street Fort Pierce, FL 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NELOM, KENNETH 601 AVE B, #203 FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Robert C. Snowden</i></u> 4-11-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

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