
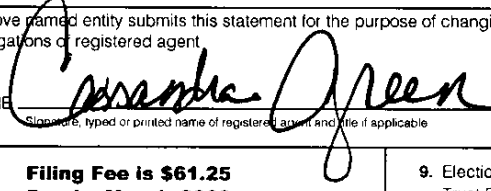



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90027 013 \*\*\*\*61.25

<b>DOCUMENT # N93000002932</b> 1. Entity Name <b>FT. PIERCE HOUSING AUTHORITY RESIDENT COUNCIL, INC.</b>					
Principal Place of Business <b>707 N. 7TH STREET</b> <b>FT. PIERCE, FL 34950 US</b>				Mailing Address <b>707 N. 7TH STREET</b> <b>FT. PIERCE, FL 34950 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0426664</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ROSS, CARRIE</b> <b>707 N. 7TH STREET</b> <b>FT. PIERCE, FL 34950</b>				Name <b>Cassandra Green</b> Street Address (P.O. Box Number is Not Acceptable) <b>707 N. 7th Street</b> City <b>Fort Pierce</b> <b>FL</b> Zip Code <b>34950</b>	
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  <b>Cassandra Green, Interim Executive Director 4/16/08</b> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARSHALL, ANNA</b> <b>707 N STREET</b> <b>FORT PIERCE, FL 34950</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>OZELL COOPER</b> <b>707 N. 7th STREET, UNIT #264</b> <b>FORT PIERCE, FL 34950</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SNOWDEN, ROBERT</b> <b>707 N 7TH ST</b> <b>FT. PIERCE, FL 34950</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BARBARA BROWN</b> <b>707 N. 7th STREET, UNIT #202</b> <b>FORT PIERCE, FL 34950</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LAMPKIN, NELLIE</b> <b>707 N 7TH ST</b> <b>FT. PIERCE, FL 34950</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JESSIE ABERNER</b> <b>707 N. 7th STREET, UNIT 124</b> <b>FORT PIERCE, FL 34950</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HARDEE, RUTH</b> <b>707 N 7TH ST</b> <b>FORT PIERCE, FL 34950</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DEBBIE CORTEZ</b> <b>707 N. 7th STREET, UNIT 243</b> <b>FORT PIERCE, FL 34950</b>	<input type="checkbox"/> Change <input checked="" 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
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.					
<b>SIGNATURE:  OZELL COOPER 4/16/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					