

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004713

FILED  
Mar 01, 2007  
Secretary of State

**Entity Name:** LEON-WAKULLA COUNTY COMMUNITY HOUSING & DEVELOPMENT AGENCY, INC.

**Current Principal Place of Business:**

PO BOX 7161  
TALLAHASSEE, FL 323147161

**New Principal Place of Business:**

1001 PAUL RUSSELL ROAD  
P. O. BOX 7161  
TALLAHASSEE, FL 323147161

**Current Mailing Address:**

PO BOX 7161  
TALLAHASSEE, FL 323147161

**New Mailing Address:**

**FEI Number:** 59-3208004      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIXON, RENITA A  
1001 PAUL RUSSELL RD  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: ALLEN-DIXON, RENITA  
Address: 1001 PAUL RUSSELL RD  
City-St-Zip: TALLAHASSEE, FL 32314

Title: DVP      ( ) Delete  
Name: DIXON, JENZELL  
Address: 1001 PAUL RUSSELL RD  
City-St-Zip: TALLAHASSEE, FL 32314

Title: SD      ( ) Delete  
Name: GASPER, ADELA  
Address: 608 LAURA LEE  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D      ( ) Delete  
Name: WHITE, ETTA D  
Address: 8424 LENOVA LANE  
City-St-Zip: TALLAHASSEE, FL 32310

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLA P. DICKEY

MRS.

03/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date