


61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000004713		
1. Entity Name LEON-WAKULLA COUNTY COMMUNITY HOUSING & DEVELOPMENT AGENCY, INC.		

Principal Place of Business 1001 PAUL RUSSELL ROAD P. O. BOX 7161 TALLAHASSEE, FL 32314-7161	Mailing Address PO BOX 7161 TALLAHASSEE, FL 32314-7161
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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

6. Name and Address of Current Registered Agent	
DIXON, RENITA A 1001 PAUL RUSSELL RD TALLAHASSEE, FL 32301	

7. Name and Address of New Registered Agent	
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.	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
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Filing Fee is \$61.25 Due by May 1, 2008		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	
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10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	ALLEN-DIXON, RENITA	
STREET ADDRESS	1001 PAUL RUSSELL RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32314	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DIXON, JENZELL	
STREET ADDRESS	1001 PAUL RUSSELL RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32314	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GASPER, ADELA	
STREET ADDRESS	608 LAURA LEE	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, ETTA D	
STREET ADDRESS	8424 LENOVA LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE	Ellie P. Dickey	<input type="checkbox"/> Delete
NAME	115 Parker Knight Rd	
STREET ADDRESS	Midway, FL 32343	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
700115854717 01/23/08--01005--010 **183.75	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.	
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FILED

2008 JAN 16 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01162008 Chg-NP CR2E037 (12/06) 08

4. FEI Number 59-3208004	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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STREET ADDRESS	
CITY-ST-ZIP	

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