

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003630

FILED
Jan 07, 2009
Secretary of State

Entity Name: FAIR HOUSING CONTINUUM, INC.

Current Principal Place of Business:

4760 N. HIGHWAY US1
SUITE 203
MELBOURNE, FL 32935 US

Current Mailing Address:

4760 N. HIGHWAY US1
SUITE 203
MELBOURNE, FL 32935 US

New Principal Place of Business:

4760 N. US HWY 1
SUITE 203
MELBOURNE, FL 32935 US

New Mailing Address:

4760 N. US HWY 1
SUITE 203
MELBOURNE, FL 32935 US

FEI Number: 59-3275005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B.J. OWENS
840 N. COCOA BLVD.
SUITE F
COCOA, FL 32922 US

Name and Address of New Registered Agent:

BAADE, DAVID
4760 N. US HWY 1
SUITE 203
MELBOURNE, FL 32935 US

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: DAVID BAADE

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RANDELS, ROCKY
Address: P.O. BOX 326
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: CHANEY, MICHAEL
Address: 1367 EAST LAFAYETTE STREET, SUITE C
City-St-Zip: TALLAHASSEE, FL 32301

Title: VT () Delete
Name: SPAULDING, EARTHY
Address: 705 BLAKE AVE
City-St-Zip: COCOA, FL 32922

Title: S () Delete
Name: BALDONADO, ANSELMO
Address: P.O. BOX 1508
City-St-Zip: MELBOURNE, FL 329021508

Title: P () Delete
Name: FOWLER, LARRY
Address: 504 PALM AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: THAYER, KELLY
Address: 1221 ROCK SPRINGS DR
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MARCUM, REBECCA J
Address: 412 PENGUIN DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

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 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: DAVID BAADE

E. D

01/07/2009

Electronic Signature of Signing Officer or Director

Date