

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000313

FILED
Mar 07, 2009
Secretary of State

Entity Name: HOMES FOR OUR COMMUNITY, INC.

Current Principal Place of Business:

16124 VANDERBILT DR.
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

16124 VANDERBILT DR.
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-3490818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'LEARY, D M
101 EAST KENNEDY BOULEVARD
SUITE 2700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

CASPER, GARY B
16124 VANDERBILT DR.
ODESSA, FL 33556 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: GARY B. CASPER

03/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CASPER, GARY B
Address: 16124 VANDERBILT DR.
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: WALTERS, SUSAN
Address: 20726 BROADWATER DR.
City-St-Zip: LAND O LAKES, FL 34638

Title: D () Delete
Name: GORNOWICZ, JR., GARY
Address: 6407 1/2 NORTH FLORIDA AVE.
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: SELLS, LEE H
Address: 664 OLD E LAKE RD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: WHITACRE, DONALD D
Address: 3135 16TH ST. N.
City-St-Zip: ST. PETE, FL 33704

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:

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: GARY B. CASPER

P/D

03/07/2009

Electronic Signature of Signing Officer or Director

Date