

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000313

FILED  
Mar 19, 2012  
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:**

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

Title: D  
Name: WALTERS, SUSAN  
Address: 10405 GROVE LN.  
City-St-Zip: ODESSA, FL 33556

Title: D  
Name: JACKSON, PATRICK S  
Address: 1310 BAY HARBOR DR.  
City-St-Zip: PALM HARBOR, FL 34685

Title: D  
Name: DURSO, MICHAEL J  
Address: 12503 RAIN FOREST ST.  
City-St-Zip: TEMPLE TERRACE, FL 33617

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

I hereby 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 all other like empowered.

SIGNATURE: GARY B. CASPER

P/D

03/19/2012

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

\_\_\_\_\_  
Date