

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90057 041 \*\*\*\*61.25

**DOCUMENT # N98000001546**

1. Entity Name  
**DISCIPLES HOUSING, INC.**



Principal Place of Business  
**250 S. W. IVANHOE BLVD.  
ORLANDO, FL 32804**

Mailing Address  
**1301 CITRUS GARDENS DR.  
ORLANDO, FL 32807**

2. Principal Place of Business - No P.O. Box #  
**1301 Citrus Gardens Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**c/o Management Agent, P.O. BOX 1806**  
Suite, Apt. #, etc.

City & State  
**Orlando, FL**

City & State  
**Marion, OH 43301-1806**

4. FEI Number  
**59-3504609**

Applied For  
☐ Not Applicable

Zip  
**32807-2067**

Country

Zip  
**43301-1806**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR STE 4  
WESTON, FL 33331**

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLTON, JACK 2103 HIDDEN PINE LANE APOPKA, FL 327123963	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBUCK, ROBERT 238 MADISON STREET JEFFERSON CITY, MO 651013230	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUANE, DOROTHY 3801 VIRGINIA DRIVE ORLANDO, FL 328033052	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERREEN, JUANITA 8709 TARRAGON DRIVE ORLANDO, FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, NOLA 2103 HIDDEN PINE LANE APOPKA, FL 327123963	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS-CORONA, PENNY 475 E LOCKWOOD AVE SAINT LOUIS, MO 631193124	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUANE, DOROTHY 3801 VIRGINIA DR ORLANDO, FL 32803-3052	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RACKARD, DIANA REV 1617 W CENTRAL BLVD, APT 104 ORLANDO, FL 32805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSS-CORONA, PENNY 475 E LOCKWOOD AVE SAINT LOUIS, MO 63119-3124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERREEN, JUANITA 8709 TARRAGON DR ORLANDO, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLERY, JAMES M. 920 PLATO AVE ORLANDO, FL 32809-5849	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODNETT, SABRA A. 1710 COLTON DR ORLANDO, FL 32809-5849	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

**SIGNATURE:**

*Ronald E. Beach*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald E. Beach, Vice President Financial Services,  
United Church Homes, Inc.,  
Authorized Management Agent

**3/28/2008**  
Date

**740-382-4885**  
Daytime Phone #