#### **DOCUMENT# 747083**

Entity Name: PUBLIC HOUSING ASSISTANCE, INC.

#### **Current Principal Place of Business:**

300 W DIXIE AVENUE LEESBURG, FL 34748

### **Current Mailing Address:**

300 W DIXIE AVENUE LEESBURG, FL 34748 US

## FEI Number: 59-1987269

## Name and Address of Current Registered Agent:

MATHIS, CRYSTAL L. 300 W. DIXIE AVE LEESBURG, FL 34748 US Certificate of Status Desired: No

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: CRYSTAL MATHIS			03/01/2018	
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	VD	
Name	LOWE, JAMES H	Name	JOHNSON, LESLIE J	
Address	101 S EUTIS ST	Address	P O BOX 842	
City-State-Zip:	EUSTIS FL 32726	City-State-Zip:	LEESBURG FL 34748	
Title	D	Title	D	
Name	HOLIDAY, SHENIKA	Name	GAINS, KARA	
Address	2000 PARK CIRCLE APT 15	Address	2000 PARK CIRCLE APT 4	
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748	
Title	SDT	Title	D	
Name	JOHNSON, BETTY	Name	BEAN, EARL	
Address	P O BOX 842	Address	38915 GRAYS AIRPORT ROA	D
City-State-Zip:	LEESBURG FL 34749-0842	City-State-Zip:	FRUITLAND PARK FL 32159	

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: JAMES LOWE

PRESIDENT

03/01/2018

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Mar 01, 2018 Secretary of State CC2130713638