

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752491

Entity Name: PRESBYTERIAN HOMES AND HOUSING FOUNDATION OF FLORIDA, INC.**FILED**
Feb 05, 2014
Secretary of State
CC3268461575**Current Principal Place of Business:**1050 BURLINGTON AVE N
ST PETERSBURG, FL 33705**Current Mailing Address:**1050 BURLINGTON AVE N
ST PETERSBURG, FL 33705**FEI Number: 59-2004109****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KONDOR, DEJE EX DIR
1050 BURLINGTON AVE. NORTH
ST. PETERBURG, FL 33705 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|---------------------------------|
| Title | ATD |
| Name | WYKE, EDWARD D |
| Address | 6101 34TH STREET WEST, APT. 29G |
| City-State-Zip: | BRADENTON FL 34210 |

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|-----------------|---------------------|
| Title | VD |
| Name | RUUD, CLIFF |
| Address | 12014 TIMBERHILL DR |
| City-State-Zip: | RIVERVIEW FL 33569 |

| | |
|-----------------|-------------------|
| Title | VP, DIRECTOR |
| Name | PIEPER, NATHANIEL |
| Address | 823 S ROXMERE RD |
| City-State-Zip: | TAMPA FL 33609 |

| | |
|-----------------|---------------------|
| Title | TD |
| Name | BROWN, HARRIS |
| Address | 9291 MERRIMOOD BLVD |
| City-State-Zip: | LARGO FL 33777 |

| | |
|-----------------|---------------------|
| Title | ASD |
| Name | JONES, GLORIA |
| Address | 4302 DEEPWATER LANE |
| City-State-Zip: | TAMPA FL 33615 |

| | |
|-----------------|--------------------|
| Title | SD |
| Name | SHANNON, EUGENIA |
| Address | 401 57TH STREET W |
| City-State-Zip: | BRADENTON FL 34209 |

| | |
|-----------------|----------------------|
| Title | PRESIDENT, DIRECTOR |
| Name | WILSON, JAMES |
| Address | 16498 EDGEMONT DRIVE |
| City-State-Zip: | FORT MYERS FL 33908 |

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 WILSON**PRESIDENT****02/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date