

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 16 11 00

**DOCUMENT # 742601 (8)**  
1. Corporation Name  
**A.M.E. HOUSING AGENCY OF FLORIDA, INC.**

Principal Place of Business Mailing Address  
**8050 NORFOLK BLVD. JACKSONVILLE FL 32208**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/28/1978</b>	3a. Date of Last Report <b>10/28/1994</b>
4. FEI Number <b>59-1846324</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**DUHART, WILLIAM H.  
9050 NORFOLK BLVD.  
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent 81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD CUMMINGS, FRANK C. 112 W. ADAMS ST., #1814 JACKSONVILLE FL 32202</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD SHEHEE, T.E. 1849 KINGS ROAD JACKSONVILLE FL</b>	12 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD BARNES, GEORGE A. 4991 SOUTEL DRIVE JACKSONVILLE FL 32208</b>	13 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AD DUHART, WILLIAM H. 9050 NORFOLK BLVD. JACKSONVILLE FL 32208</b>	14 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		22 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		23 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		32 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		33 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		34 CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		42 NAME	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		52 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		53 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		62 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		63 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William H. Duhart 6-8-95 904-354-7301  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #