

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 742601 (8)

1. Corporation Name  
**A.M.E. HOUSING AGENCY OF FLORIDA, INC.**



Principal Place of Business: 9050 NORFOLK BLVD. JACKSONVILLE FL 32208  
Mailing Address: 9050 NORFOLK BLVD. JACKSONVILLE FL 32208

3. Date Incorporated or Qualified: 04/28/1978  
3a. Date of Last Report: 06/14/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1846324	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUHART, WILLIAM H. 9050 NORFOLK BLVD. JACKSONVILLE FL 32208				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, FRANK C.	1.2 NAME	
STREET ADDRESS	112 W. ADAMS ST., #1814	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEHEE, T.E.	2.2 NAME	
STREET ADDRESS	1649 KINGS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, GEORGE A.	3.2 NAME	
STREET ADDRESS	4991 SOUDEL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	3.4 CITY-ST-ZIP	
TITLE	AD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUHART, WILLIAM H.	4.2 NAME	
STREET ADDRESS	9050 NORFOLK BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(k), 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* Date: 4-30-96 Daytime Phone #: 904-764-3252

CR2E037 (12/95)