2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 05, 2003 8:00 am Secretary of State DOCUMENT # 742601 05-05-2003 90217 047 ****61.25 1. Entity Name A.M.E. HOUSING AGENCY OF FLORIDA, INC. Principal Place of Business Mailing Address 9050 NORFOLK BLVD. 9050 NORFOLK BLVD. JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1846324 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Reuben H. Gaines Street Address (P.O. Box Number is Not Acceptable) DUHART, WILLIAM H 9050 NORFOLK BLVD. 9050 Norfolk Blvd JACKSONVILLE FL 32208 Zip Code 32208 Jacksonville 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. 04-30-2003 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. <u>PO</u> TITLE ☐ Addition ☐ Delete TITLE ADAMS, JOHN HURST NAME NAME STREET ADDRESS 101 EAST UNION STREET, #301 STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32202 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition REDDICK, A.J. NAME 1943 COLLEGE CIRCLE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209 CITY-ST-ZIP ☐ Addition ☐ Delete BARNES, GEORGE A NAME NAME STREET ADDRESS 4991 SOUTEL DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32208 CITY-ST-ZIP TITLE Delete TITLE X Change ☐ Addition DUHART, WILLIAM H NAME NAME Gaines, Reuben H 9050 NORFOLK BLVD. STREET ADDRESS STREET ADDRESS 9050 Norfolk Blvd. CITY-ST-7IP CITY-ST-ZIE JACKSONVILLE FL 32208 Jacksonville, FL 32208 □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

04-30-2003

904-764-3252

FILED