

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006845

FILED
Apr 26, 2008
Secretary of State

Entity Name: AFFORDABLE HOMEOWNERSHIP FOUNDATION, INC.

Current Principal Place of Business:

8500 FORDHAM STREET
FT. MYERS, FL 33907 LE

New Principal Place of Business:

Current Mailing Address:

8500 FORDHAM STREET
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1046928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPARKS, LOIS M
8500 FORDHAM
SUITE 136
N. FT. MYERS, FL 33903 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPARKS, LOIS
Address: 8500 FORDHAM STREET
City-St-Zip: FT MYERS, FL 33907

Title: ST () Delete
Name: HOOVER, JAMES
Address: P.O.BOX 2198
City-St-Zip: FT MYERS, FL 33902

Title: VP () Delete
Name: WHALEN, MOLLY
Address: 8805 TAMIMAI TRAIL #117
City-St-Zip: NAPLES, FL 34108

Title: TD () Delete
Name: MERLIN, ROSE
Address: 341 ALAMANDER CT #308
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WHALEN, MOLLY
Address: 8805 TAMIMAI TRAIL #117
City-St-Zip: NAPLES, FL 34108 CO

Title: TD (X) Change () Addition
Name: MERLIN, ROSE
Address: 341 ALAMANDER CT #308
City-St-Zip: FT MYERS, FL 33919 LE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LOIS M SPARKS

PD

04/26/2008

Electronic Signature of Signing Officer or Director

_____ Date