

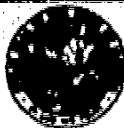
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N94000006207 (4)

1. Corporation Name

ACTS AFFORDABLE HOUSING, INC.

Principal Place of Business

Mailing Address

**4211 E. BUSCH BLVD.
TAMPA FL 33617**

**4211 E. BUSCH BLVD.
TAMPA FL 33617**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/20/1994

3a. Date of Last Report

4. FBI Number

65-0550718

Applied For

Not Applicable

5. Certificate of Status Desired

**\$0.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 601(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARROCCO, JOHN P
4211 E. BUSCH BLVD.
TAMPA FL 33617**

BUSCH BLVD

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 607.1500, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

MARROCCO, JOHN P

STREET ADDRESS

4211 E. BUSCH BLVD.

CITY-ST-ZIP

TAMPA FL 33617

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change Addition

TITLE

TD

NAME

BROWN, NORMAN

STREET ADDRESS

4211 E. BUSCH BLVD.

CITY-ST-ZIP

TAMPA FL 33617

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

TITLE

VD

NAME

BROWN, RICHARD

STREET ADDRESS

4211 E. BUSCH BLVD.

CITY-ST-ZIP

TAMPA FL 33617

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

TITLE

SD

NAME

REYNOLDS, JULIE

STREET ADDRESS

6220 N. NEBRASKA AVE.

CITY-ST-ZIP

TAMPA FL 33604

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

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)(4), Florida Statutes. I further certify that the information included 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/95

(813) 998-6096

Date

Daytime Phone #