

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006207 (4)
1. Corporation Name
ACTS AFFORDABLE HOUSING, INC.



Principal Place of Business 4211 E. BUSCH BLVD. TAMPA FL 33617-	Mailing Address 4211 E. BUSCH BLVD. TAMPA FL 33617
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3. Date Incorporated or Qualified
12/20/1994

4. FEI Number 65-0550718	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 ACTS AFFORDABLE HOUSING INC Suite, Apt. #, etc.	2a. Mailing Address 26 ACTS AFFORDABLE HOUSING INC Suite, Apt. #, etc.
22 4612 N. 56th City & State	27 4612 N. 56th ST. City & State
23 TAMPA FL Zip	28 TAMPA, FL Zip
24 33610 Country 25 USA	29 33610 Country 30 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	4612 N. 56th ST.
83	
84 City	TAMPA
85 State	FL
86 Zip Code	33610

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: *[Signature]* **JOHN P. MARROCCO** DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARROCCO, JOHN P	1.2 NAME	
STREET ADDRESS	4211 E. BUSCH BLVD.	1.3 STREET ADDRESS	4612 N. 56TH ST.
CITY-ST-ZIP	TAMPA FL 33617	1.4 CITY-ST-ZIP	TAMPA, FL 33610
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, NORMAN	2.2 NAME	
STREET ADDRESS	4211 E. BUSCH BLVD.	2.3 STREET ADDRESS	4612 N. 56th ST.
CITY-ST-ZIP	TAMPA FL 33617	2.4 CITY-ST-ZIP	TAMPA, FL 33610
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RICHARD	3.2 NAME	
STREET ADDRESS	4211 E. BUSCH BLVD.	3.3 STREET ADDRESS	4612 N. 56th ST.
CITY-ST-ZIP	TAMPA FL 33617	3.4 CITY-ST-ZIP	TAMPA, FL 33610
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, JULIE	4.2 NAME	
STREET ADDRESS	6220 N. NEBRASKA AVE.	4.3 STREET ADDRESS	4612 N. 56th ST.
CITY-ST-ZIP	TAMPA FL 33604	4.4 CITY-ST-ZIP	TAMPA, FL 33610
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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: *[Signature]* **JOHN P. MARROCCO** (813) 246-4899

CR2E037 (10/97)