

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90077 038 ****61.25

DOCUMENT # N97000004586

1. Entity Name

AFFORDABLE HOUSING FOUNDATION, INC.



Principal Place of Business

40347 US HWY 19 NORTH STE 107
TARPON SPRINGS FL 34689

Mailing Address

40347 US HWY 19 NORTH STE 107
TARPON SPRINGS FL 34689



2. Principal Place of Business

430 Hibiscus St.

3. Mailing Address

P.O. Box 494

Suite, Apt. #, etc.

APT 2-D

Suite, Apt. #, etc.

TARPON SPRINGS, FL

1st MOORE

CR2E037 (10/04)

City & State

TARPON SPRINGS, FL

City & State

4. FEI Number

59-3465302

Applied For

Not Applicable

Zip

34688-0494

Country

Pinellas

Zip

34688-0494

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEYER, DAVID A
C/O RUDNICK & WOLFE
101 E KENNEDY BLVD STE 2000
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COLE, EDDIE L SR	
STREET ADDRESS	40347 US HWY 19 NORTH STE 107	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLE, ALEASE C	
STREET ADDRESS	40347 US HWY 19 NORTH STE 107	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRYSTAL, LAWRENCE	
STREET ADDRESS	40347 US HWY 19 NORTH STE 107	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/18/2005 (727) 937-7727