

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000011474

**FILED  
Mar 07, 2016  
Secretary of State  
CC0896727639**

**Entity Name:** AM AFFORDABLE HOUSING, INC.

**Current Principal Place of Business:**

3109 GRAND AVE PMB 447  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

3109 GRAND AVE PMB 447  
COCONUT GROVE, FL 33133

**FEI Number:** 94-3462665

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FURST, ALLEN  
3109 GRAND AVE PMB 447  
COCONUT GROVE, FL 33133 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            MOURNING, ALONZO  
Address        3109 GRAND AVE PMB 447  
City-State-Zip: COCONUT GROVE FL 33133

Title            VP, DIRECTOR  
Name            MOURNING, TRACY WILSON  
Address        3109 GRAND AVE PMB 447  
City-State-Zip: COCONUT GROVE FL 33133

Title            SECRETARY, TREASURER,  
                    DIRECTOR  
Name            FURST, ALLEN  
Address        3109 GRAND AVE PMB 447  
City-State-Zip: COCONUT GROVE FL 33133

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALLEN FURST

ST

03/07/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date