

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008468

**Entity Name:** AFFORDABLE HOUSING FOUNDATION OF SOUTH FLORIDA, INC.**FILED**  
**Aug 11, 2023**  
**Secretary of State**  
**5040980972CC****Current Principal Place of Business:**344 FAIRGREEN PLACE  
CASSELBERRY, FL 32707**Current Mailing Address:**344 FAIRGREEN PLACE  
CASSELBERRY, FL 32707**FEI Number: 81-3756025****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ANDERSEN, NILES D  
344 FAIRGREEN PLACE  
CASSELBERRY, FL 32707 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 DIRECTOR, PRESIDENT  
Name ANDERSEN, NILES D  
Address 344 FAIRGREEN PLACE  
City-State-Zip: CASSELBERRY FL 32707Title DIRECTOR, SECRETARY  
Name ANDERSEN, VICKIE A  
Address 344 FAIRGREEN PLACE  
City-State-Zip: CASSELBERRY FL 32707Title DIRECTOR, TREASURER  
Name MCGILL, JOSEPH D  
Address 4427 S 76TH CIRCLE  
City-State-Zip: OMAHA NE 68127Title DIRECTOR  
Name TURNER, DIANE  
Address 344 FAIRGREEN PLACE  
City-State-Zip: CASSELBERRY FL 32707Title DIRECTOR  
Name BRASFIELD, GRADY  
Address 344 FAIRGREEN PLACE  
City-State-Zip: CASSELBERRY FL 32707

*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: NILES D ANDERSEN****PRESIDENT****08/11/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date