

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000002521

Entity Name: AOF HADLEY GARDENS AFFORDABLE HOUSING CORP.**Current Principal Place of Business:**1000 PARKWOOD CIRCLE, SE, SUITE 320
ATLANTA, GA 30339**Current Mailing Address:**1000 PARKWOOD CIRCLE, SE, SUITE 320
ATLANTA, GA 30339 US**FEI Number:** 82-0798057**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET
SUITE 4
TALLAHASSEE, FL 32301 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 VP, SECRETARY, TRUSTEE
Name WALKER, KATHRYN T.
Address 1000 PARKWOOD CIRCLE, SE, SUITE 320
City-State-Zip: ATLANTA GA 30339

Title TRUSTEE
Name FISHER, WILLIAM F III
Address 1170 PEACHTREE STREET SUITE 1200
City-State-Zip: ATLANTA GA 30309

Title VP
Name FAY, SARA
Address 1000 PARKWOOD CIRCLE, SE, SUITE 320
City-State-Zip: ATLANTA GA 30339

Title TRUSTEE
Name DERRICK, ROBERT
Address 1170 PEACHTREE STREET SUITE 500
City-State-Zip: ATLANTA GA 30309

Title PRESIDENT, TRUSTEE
Name KENNEDY, PHILIP J.
Address 1000 PARKWOOD CIRCLE, SE, SUITE 320
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name TRIVERS, DOUGLAS C.
Address 1000 PARKWOOD CIRCLE, SE, SUITE 320
City-State-Zip: ATLANTA GA 30339

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: KATHRYN T. WALKER**SECRETARY****02/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date