

**2020 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 4401 NORTHSIDE PARKWAY  
SUITE 711  
City-State-Zip: ATLANTA GA 30327

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 4401 NORTHSIDE PARKWAY  
SUITE 711  
City-State-Zip: ATLANTA GA 30327

Title VICE PRESIDENT, TRUSTEE  
Name NULL, THOMAS  
Address 520 PIKE STREET  
SUITE 1120  
City-State-Zip: SEATTLE WA 98101

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

*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. WALKERVICE PRESIDENT,  
SECRETARY, TRUSTEE

04/20/2020

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