

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10, 1999 8:00am  
Secretary of State

02-10-1999 90066 019 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 764311

1. Corporation Name

SANFORD-SEMINOLE HOUSING, INC.

Principal Place of Business  
114 NORTH SHIRLEY AVENUE  
SANFORD FL 32771

Mailing Address  
114 NORTH SHIRLEY AVENUE  
SANFORD FL 32771



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/27/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2949940	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
30					

9. Name and Address of Current Registered Agent

A.G.C. CO.  
2300 SUN BANK CENTER  
200 S. ORANGE AVE.  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	07/27/1982
NAME	DAEHN, ROBERT E.	1.2 NAME	
STREET ADDRESS	114 NORTH SHIRLEY AVE.	1.3 STREET ADDRESS	59-2949940
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	DANIELS, JOHN	2.2 NAME	
STREET ADDRESS	927 W. 13TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	
NAME	WHITE, W. GARNETT	3.2 NAME	
STREET ADDRESS	200 W. 1ST ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)