

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2008 8:00 am**  
**Secretary of State**

07-07-2008 90003 018 \*\*\*\*61.25

**DOCUMENT # F00000004067**

1. Entity Name  
**ACORN HOUSING CORPORATION**



Principal Place of Business  
**1024 ELYSIAN FIELDS AVENUE  
NEW ORLEANS, LA 70117**

Mailing Address  
**1024 ELYSIAN FIELDS AVENUE  
NEW ORLEANS, LA 70117**

**40109668**



2. Principal Place of Business - No P.O. Box #

**209 W. Jackson**

3. Mailing Address

**209 W. Jackson**

Suite, Apt. #, etc.

**Suite 301**

Suite, Apt. #, etc.

**Suite 301**

City & State

**Chicago IL**

City & State

**Chicago, IL**

Zip

**60606**

Country

**USA**

Zip

**60606**

Country

**USA**

06162008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**72-1048321**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENNET, ALTON	
STREET ADDRESS	757 RAYMOND AVENUE	
CITY-ST-ZIP	ST. PAUL, MN 55114	
TITLE	DV	<input type="checkbox"/> Delete
NAME	AMADI, DOROTHY	
STREET ADDRESS	784 BELMONT AVENUE	
CITY-ST-ZIP	BROOKLYN, NY 11208	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GUILLERMO, LOAIZA	
STREET ADDRESS	200 W JACKSON BLVD	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Lynn Hankerson	
STREET ADDRESS	209 W. Jackson, Suite 301	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Lewis Jenkins	
STREET ADDRESS	2600 South Loop West Suite 270	
CITY-ST-ZIP	HOUSTON, TX 77054	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Gwen Adams	
STREET ADDRESS	1024 Elysian Fields Ave.	
CITY-ST-ZIP	New Orleans, LA 70117	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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 #

6/20/2008 64-735-0543