

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004067

FILED
Aug 04, 2009
Secretary of State

Entity Name: ACORN HOUSING CORPORATION

Current Principal Place of Business:

209 W JACKSON
STE 301
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

209 W JACKSON
STE 301
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 72-1048321 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BENNET, ALTON
Address: 757 RAYMOND AVENUE
City-St-Zip: ST. PAUL, MN 55114

Title: DV () Delete
Name: AMADI, DOROTHY
Address: 784 BELMONT AVENUE
City-St-Zip: BROOKLYN, NY 11208

Title: STD () Delete
Name: GUILLERMO, LOAIZA
Address: 1018 W ROOSEVELT
City-St-Zip: PHOENIX, AZ 85007

Title: D () Delete
Name: HANKERSON, LYNN
Address: 209 W JACKSON STE 301
City-St-Zip: CHICAGO, IL 60606

Title: D () Delete
Name: JENKINS, LEWIS
Address: 2600 S LOOP W STE 270
City-St-Zip: HOUSTON, TX 77054

Title: D () Delete
Name: ADAMS, GWEN
Address: 1624 GLYSIAN FIELDS AVE
City-St-Zip: NEW ORLEANS, LA 70117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALTON L. BENNETT

PRES

08/04/2009

Electronic Signature of Signing Officer or Director

Date