FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT



DIVISION OF CORPORATIONS 1999

DOCUMENT # 1. Corporation Name	F95000005981
SALEM HOUSING CO	TRPORATION

Principal Place of Business PO BOX DRAWER 2269 FAIRHOPE AL 36533

Mailing Address

PO BOX DRAWER 2269 FAIRHOPE AL 36533



2. Principal Pi	Principal Place of Business 2a. Mailing Address					Date Incorporated or Qua	ılifed		_
21		26				12/07/1995			_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		Apr	plied For
22		27			ļ	58-1849762		No	Applicable
City & State	B	City & State				5. Certificate of Status Desir	ed 🗆	\$8.75 A	
23		28						Fee Re	dritea
Zip Country Zip Coun			try		6. Election Campaign Financing \$5.00 May Be				
24 25 29 30			30			Trust Fund Contribution		Added to	Fees
	9. Name and Address of Curren	t Registered Agent		1		10. Name and Address of N	lew Registered	Agent	
			[81	Name				
C T CORE	PORATION SYSTEM		1	B2	Street Addres	ss (P.O. Box Number is Not Ad	ceptable)		
1200 SQL	JTH PINE ISLAND ROAD		L	\perp		·			
	ON FL 33324		8	B3					
			-	84	City			85 Zip C	ode.
					City		Fŧ	_ 05 2.00	,,,,,
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Stati	utes, the abo	ove-	-named corpor	ration submits this statement fo	or the purpose o	f changing its	registered
office or re	egistered agent, of both, in the State m familiar with and accept the obliga	of Florida. Such change was tions of Section 617,0503. F.	authorized t Iorida Statut	by ti es.	ne corporation	is poard of directors. I hereby	accept the appo	ununent as reg	jistereu
	William William St. Committee Obliga	,					HIZNIGA	5 .	
SIGNATURE	Signature, typed of printed name of registered ager	nt and title if applicable. (NO	TE: Registered A	gent	signature required w	when reinstating)	4/80/99	<u>'</u>	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO	O OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DCP	☐ DELETE	1.1 TITL	E				☐ Change	Addition
NAME	MCD CLARK, HARRY		1.2 NAM	Œ					
STREET ADDRESS	106 PLANTATION PT			EET A	ADDRESS				
CITY-ST-ZIP	FAIRHOPE AL 36532	i .		/-ST-					
TITLE	DV	☐ DELETE 2.1 Ti						☐ Change	Addition
NAME	WOLFE, GARY L		2.2 NAM						
STREET ADDRESS			- 1		ADORESS				
i	1.		2.4 CIT						
CITY-ST-ZIP TITLE			3.1 TITL		-217		,	Change	Addition
	DST DAME!		3.2 NAM		1				_
NAME	KITTRELL, DAVID L		1		ADDDESS				1
STREET ADDRESS	24 ASHELY DRIVE				ADORESS				
CITY-ST-ZIP	MOBILE AL 36608 34.0				-ZIP			☐ Change	Addition
TITLE		☐ DELETE	4.1 TITL					[_] originge	
NAME			4. 2 NAA						į
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CITY		-ZIP				Addition
TITLE		☐ DELETE	5.1 TITU		ļ			Change	Addition
NAME			5.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CITY		-ZIP				
TITLE		☐ DELETE	6.1 TITL	E				Change	☐ Addition
NAME			6.2 NAM	Æ					}
STREET ADDRESS			6.3 STR	EET/	ADDRESS)
CITY OF 71D			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:

REQUIR Harry Clark