2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000006162

1. Entity Name
LOW INCOME HOUSING AND COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business	Mailing Address
521 WOODS AVE. ORLANDO, FL 32805	P.O. BOX 555614 ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
01-0717922
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BETTS, HENRY S
521 WOODS AVE.
ORLANDO, FL 32805

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BETTS, HENRY
STREET ADDRESS	521 WOODS AVE.
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	VP
NAME	COSTICT, WANDA
STREET ADDRESS	521 WOODS AVE.
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	S
NAME	MILLER, CONNIE
STREET ADDRESS	521 WOODS AVE.
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	T
NAME	GUSTAVSSON, HAROLD
STREET ADDRESS	521 WOODS AVE.
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/06-80058-006 61.25

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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: Henry S Betts 2/07/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #