

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 521 WOODS AVE. ORLANDO, FL 32805	Mailing Address P.O. BOX 555614 ORLANDO, FL 32805
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 01-0717922	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BETTS, HENRY S 521 WOODS AVE. ORLANDO, FL 32805

**DO NOT WRITE
IN THIS SPACE**

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 _____	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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**Filing Fee is \$61.25
Due by May 1, 2006**

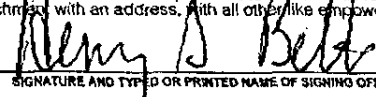
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETTS, HENRY 521 WOODS AVE. ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COSTICT, WANDA 521 WOODS AVE. ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, CONNIE 521 WOODS AVE. ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUSTAVSSON, HAROLD 521 WOODS AVE. 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

**DO NOT WRITE
IN THIS SPACE**

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: 	2/07/06	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		