2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006162

FILED Jul 16, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

521 WOODS AVE. 803 S. GEORGIA AVENUE ORLANDO, FL 32805 ROCKLEDG, FL 3295

Current Mailing Address: New Mailing Address:

P.O. BOX 555614 ORLANDO, FL 32805

FEI Number: 01-0717922 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:

BETTS, HENRY S

521 WOODS AVE.

603 S GEORGIA AVENUE

604 ANDO FL 2005 AVE.

605 ANDO FL 2005 AVE.

ORLANDO, FL 32805 US 803 S GEORGIA AVENUE ROCKLEDGE, FL 32955 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: 07/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ()Delete Title: P (X)Change ()Addition

 Name:
 BETTS, HENRY
 Name:
 BETTS, HENRY

 Address:
 521 WOODS AVE.
 Address:
 803 S GEORGIA AVENUE

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 ROCKLEDGE, FL 32955

Title: VP () Delete Title: () Change () Addition

 Name:
 COSTICT, WANDA
 Name:

 Address:
 521 WOODS AVE.
 Address:

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:

 $\label{eq:title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad {\sf (A) Change (A) Addition}$

 Name:
 MILLER, CONNIE
 Name:
 MILLER, CONNIE

 Address:
 521 WOODS AVE.
 Address:
 803 S GEORGIA AVENUE

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 ROCKLEDGE, FL 32955

Title: T () Delete Title: T (X) Change () Addition

 Name:
 GUSTAVSSON, HAROLD
 Name:
 GUSTAVSSON, HAROLD

 Address:
 521 WOODS AVE.
 Address:
 803 S GEORGIA AVENUE

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 ROCKLEDGE, FL 32955

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: HENRY S. BETTS P 07/16/2008