

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-08-2003 90168 033 ****61.25

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

**521 WOODS AVE.
ORLANDO FL 32805**

2. Principal Place of Business

3. Mailing Address

P.O. Box 555614

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

32805

ORANGE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUSTAVSSON, HAROLD
521 WOODS AVE.
ORLANDO FL 32805**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BETTS, HENRY	
STREET ADDRESS	521 WOODS AVE.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COSTICK, WANDA	
STREET ADDRESS	521 WOODS AVE.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, CONNIE	
STREET ADDRESS	521 WOODS AVE.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GUSTAVSSON, HAROLD	
STREET ADDRESS	521 WOODS AVE.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 Betts President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 407-425-7845
Date Daytime Phone #

CR2E037 (10/02)