2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007
Secretary of State

DOCUMENT# N06000007680

Entity Name: ALACHUA COUNTY AFFORDABLE HOUSING PARTNERS, INC.

Current Principal Place of Business:

703 NE 1 STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

703 NE 1 STREET
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 51-0523746 **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:

MONAHAN, GAIL
703 NE 1 STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: WELLS, MAX G MR.
Address: PO BOX 1306
City-St-Zip: ALACHUA, FL 32616

Title: VC ( ) Delete
Name: FULLER, PAUL MR.
Address: 12412 SW 14TH AVE
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete
Name: WERSHOW, JONATHAN MR.
Address: PO BOX 1260
City-St-Zip: GAINESVILLE, FL 32602

Title: D ( ) Delete
Name: SCHROEPPEL, MARK MR.
Address: 23955 NW 3 AVE
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete
Name: MAYS, CHRISTINE MS.
Address: PO BOX 842
City-St-Zip: WALDO, FL 32694

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MR. MAX WELLS CHAI 09/04/2007

Electronic Signature of Signing Officer or Director — Date