

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007680

FILED  
Apr 29, 2008  
Secretary of State

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 ( )

**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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D (X) Change ( ) Addition  
Name: CSEPLO, DARLENE MS  
Address: 12412 SW 14TH AVENUE  
City-St-Zip: NEWBERRY, FL 32669

Title: D (X) Change ( ) Addition  
Name: NAZARO, BETH MS.  
Address: 703 NE 1ST STREET  
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Change (X) Addition  
Name: HALL, RONALD MR.  
Address: 703 NE 1ST STREET  
City-St-Zip: GAINESVILLE, FL 32601

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: GAIL MONAHAN

MS.

04/29/2008

Electronic Signature of Signing Officer or Director

Date