FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # N11653

(5)

FLORIDA COUNCIL FOR AFFORDABLE AND RURAL HOUSING , INC.					
Principal Plac	e of Business	Mailing Address		3 INDIVIAL OUR 1560A WAND OVINEY BYING HIT BYING ALBRI	'I BADIO BADII DIDII BIDIA IDDA
250 N BELCHER RD 250 N BELCHER RD \$100			3. Date Incorporated or Qualified 10/18/1985		
				4. FEI Number 59-2728794	Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.		- 1		6. Election Campalgn Financing	\$5.00 May Be
22 27 City & State		City & State		7. Is this nonprofit corporation a homeowners	Added to Fees
23	•	28			No
Zlp	Country	Žip	Country	8. This corporation owes or has paid the curr	
24	25		30		Yes No
9. Name and Address of Current Registered Agent 81 Name				10. Name and Address of New Registered A	igent
ASCANI LANI JOUNI					
MCMILLAN, JOHN 9385 N. 58TH STREET #200			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
TEMPLE TERRACE FL 33617			83		
			84 City		85 Zip Code
L			,	FL	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE					
	Signature, typed or printed name of registered agen	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature requi		
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
TITLE NAME	SWARTS, BARRY	DE DECETE	1.1 TITLE		E-Polisings - Volumen
STREET ADDRESS	1002 WEST 23RD ST., #400		1.3 STREET ADDRESS	ephens, Towi or West BAD	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	inter Ghalen, Fl 34787	
TITLE	VO	DELETE	2.1 TITLE	\mathcal{D}	Change 🔀 Addition
NAME	CU RTIS, JOHN		2.2 NAME PA	on Boator of Gruve St	
STREET ADDRESS	11635 NW 1ST AVE		2.3 STREET ADDRESS 100	of Grove St	
CITY-\$T-ZIP	GAINESVILLE FL			corwater, Pl 33755	
TITLE	TD	☐ DELETE	3.1 TITLE	·	Change Addition
NAME	MORRIS, GEORGE E.		3.2 NAME		
STREET ADDRESS	250 N BELCHER RD #100 CLEARWATER FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SD SD	X, DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	STEPHENS, TONI	O Dittell	4. 2 NAME	'	CJ onengo CJ recilion
STREET ADDRESS	678 WEST BAY ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

(5,3) 4W-6825

FILED

Apr 27 1998 8:00am

Secretary of State