FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90173 024 ****61.25

DOCUMENT # N11653

1. Corporation Name

FLORIDA COUNCIL FOR AFFORDABLE AND RURAL HOUSING , INC.

Principal Place of Business

250 N BELCHER RD

S100

Mailing Address

250 N BELCHER RD



CLEARWATER	FL 34625	CLEARWATER FL 34625			1 10411181 801 14801 41010 05161 01190 1151 61	JUIT DEUET BIUDE BIUE	i BiBil elelt leel
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualifed 10/18/1985			
Suite, Apt.	#, etc.		<u></u>		4FEI Number		Applied For
27					59-2728794		Not Applicable
City & Stat	te	City & State				\$8.7	5 Additional
23		28			5. Certifcate of Status Desired	Fee	Required
Zip	Country Zip		Country		6. Election Campaign Financing	\$5.0	00 May Be
24	25	29 30	0		Trust Fund Contribution	Adde	ed to Fees
	9. Name and Address of Curren	t Registered Agent	· .		10. Name and Address of New Regist	ered Agent	
			81	Name			•
MCMILLAN IQUA				82 Street Address (P.O. Box Number is Not Acceptable)			
MCMILLAN, JOHN				Ou set Aut	A CONTRACTOR OF THE PROPERTY		
9385 N. 56TH STREET #200 TEMPLE TERRACE FL 33617							
IEMPLE I	ERNAGE PL 3301/					11	in Code
			84	City		FL 85 Z	ip Code
11. Pursuant	to the provisions of Sections 617 050	2 and 617.1508, Florida Statutes.	, the above	e-named cor	poration submits this statement for the purpo	se of changing	its registered
office or r	registered agent or both in the State.	of Florida. Such change was auth	nonzed by	the corporal	tion's board of directors. I hereby accept the	appointment as	registered
	am familiar with, and accept the obliga	uons or, Section 617.0503, Florid	a Statutes	•			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE: Re	eaistered Ager	ot signature requi	red when reinstating) DA	ATE	
12.			13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIREC	TORS IN 12
TITLE	PD	DELETE	1.1 TITLE		resident.	☐ Chang	ge Addition
NAME	STEPHENS, RONI	, -	1.2 NAME	1	Ashia HALE 1135 NW 1st are Sinesville, F1 32607		
STREET ADDRESS	1			TADDRESS /	HShie Ni st are		
	0.0		1.4 CITY-S	T 710	1 32607	,	
CITY-ST-ZIP	WINTER GARDEN FL 34787	☐ DELETE	2.1 TITLE	1-21	Junes 01/12/1 1 2260/	☐ Chan	ge 🔲 Addition
	VD	Occur	2.1 THE				, <u> </u>
NAME	CURTIS, JOHN						
STREET ADDRESS	111000 1111 101 1110			TADDRESS	4		
CITY-ST-ZIP	GAINESVILLE FL		2. 4 CITY-5	ST-ZIP		☐ Chang	ge Addition
TITLE	TD	☐ DELETE	3.1 TITLE				a
NAME	MORRIS, GEORGE E.		3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY-5	ST-ZIP			ge
TITLE)VD · ·	☐ DELETE	4.1 TITLE			Chan	ge LJ Audillon
NAME	BORTON, PAM		4.2 NAME				
STREET ADDRESS	1006 GROVE ST		4.3 STREE	TADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33755		4.4 CITY-S	T-ZIP			
TITLE	(☐ DELETE	5.1 TITLE			☐ Chan	ge Addition
NAME	}	•	5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	·		
TITLE		☐ DELETE	6.1 TITLE			☐ Chan	ge Addition
NAME : ""	持たり第一の に		6.2 NAME				
	LEAR THE WILL		6.3 STREE	T ADDRESS			
CITY-ST-ZIP	1 ·		6.4 CITY-S	T-ZIP			
OU (-O)-ZIF	1 ,						

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, with all other like empowered.

SIGNATURE: