

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N11653

1. Entity Name
FLORIDA COUNCIL FOR AFFORDABLE AND RURAL
HOUSING, INC.



Principal Place of Business

516 LAKEVIEW ROAD
UNIT 8
CLEARWATER, FL 33756

Mailing Address

516 LAKEVIEW ROAD
UNIT 8
CLEARWATER, FL 33756



01152008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2728794

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SUMMERS, GARY
380 WEST ALFRED STREET
TAVARES, FL 32778

**DO NOT WRITE
IN THIS SPACE**

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 registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000857985
04/01/08-80026-014 70.00

10. OFFICERS AND DIRECTORS

TITLE	SDT
NAME	MORRIS, GEORGE E
STREET ADDRESS	250 N BELCHER RD #100
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	D
NAME	BORTON, PAMELA K
STREET ADDRESS	1006 GROVE ST
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	PD
NAME	FLYNN, THOMAS F
STREET ADDRESS	516 LAKEVIEW RD., UNIT 8
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	HALE, TASHIA
STREET ADDRESS	11635 NW 1 AVE
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D
NAME	SINGLETON, STEVE
STREET ADDRESS	1002 W. 23RD STREET., STE 400
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D
NAME	STEPHENS, TONI
STREET ADDRESS	505 N. BOYD STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F Flynn, President 2/22/08 727-449-1182

Date

Daytime Phone #