

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20761 (5)

1. Corporation Name

ALACHUA COUNTY, FLORIDA, HOUSING CORPORATION, INC.

Principal Place of Business

Mailing Address

636 N.E. 1ST STREET
GAINESVILLE FL 32601

636 N.E. 1ST STREET
GAINESVILLE FL 32601



3. Date Incorporated or Qualified

05/20/1987

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 240 S.W. First Street

26 240 S.W. First Street

4. FEI Number

59-3050192

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

Gainesville, Florida

28 City & State

Gainesville, Florida

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 Zip

32601-6569

Country

U.S.A.

29 Zip

32601-6569

Country

U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YENSER, NANCY E.
703 N.E. 1ST STREET
GAINESVILLE FL 32601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MONAHAN, GAIL
STREET ADDRESS 636 N.E. 1ST STREET
CITY - ST - ZIP GAINESVILLE FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 240 S.W. First Street
1.4 CITY - ST - ZIP Gainesville, Florida 32601-6569

TITLE ST ☐ DELETE

NAME MONAHAN, GAIL
STREET ADDRESS 636 N.E. 1ST STREET
CITY - ST - ZIP GAINESVILLE FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 240 S.W. First Street
2.4 CITY - ST - ZIP Gainesville, Florida 32601-6569

TITLE VD ☐ DELETE

NAME YENSER, NANCY E.
STREET ADDRESS 703 N.E. 1ST STREET
CITY - ST - ZIP GAINESVILLE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D ☐ DELETE

NAME FEIBER, JAMES G., JR.
STREET ADDRESS 703 N.E. 1ST STREET
CITY - ST - ZIP GAINESVILLE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Gail Monahan, President/Director

1/17/96

352-372-2549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)