

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 # **N35101** (7)

1. Corporation Name

THE JEFFREY A. MASSEY FLORIDA IOTA HOUSING CORPORATION

Principal Place of Business

Mailing Address

C/O WILLIAM E. RUFFIER
108 EAST CENTRAL BLVD.
ORLANDO FL 32801

C/O WILLIAM E. RUFFIER
108 EAST CENTRAL BLVD.
ORLANDO FL 32801



3. Date Incorporated or Qualified

11/08/1989

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUFFIER, WILLIAM E.
SANDERS, MCEAN, MIMS & MARTINEZ, P.A.
108 EAST CENTRAL BLVD.
ORLANDO FL 32801

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 **P** ☐ DELETE
NAME **LACY, LEE**
STREET ADDRESS **1040 DRUID DR**
CITY-ST-ZIP **MAITLAND FL**

11 TITLE **S** ☐ Change ☒ Addition
12 NAME **Norris, James**
13 STREET ADDRESS **2976 Lowell Court**
14 CITY-ST-ZIP **Casselberry, FL 32707**

TITLE **D** ☐ DELETE
NAME **RHODES, GREG**
STREET ADDRESS **849 BLOOMINGDALE DR**
CITY-ST-ZIP **ORLANDO FL**

21 TITLE **T** ☐ Change ☒ Addition
22 NAME **Mehler, Robert**
23 STREET ADDRESS **1091 Providence Lane**
24 CITY-ST-ZIP **Oviedo, FL 32765**

TITLE **D** ☒ DELETE
NAME **SPYCHALSKY JOE**
STREET ADDRESS **3107 IVEL DR**
CITY-ST-ZIP **ORLANDO FL**

31 TITLE **D** ☐ Change ☐ Addition
32 NAME **Schildwachter, Eric**
33 STREET ADDRESS **2808 Eagle Lake Drive**
34 CITY-ST-ZIP **Orlando, FL 32837**

TITLE **T** ☒ DELETE
NAME **CULLERTON, WILLIAM**
STREET ADDRESS **2925 ROUSE ROAD**
CITY-ST-ZIP **ORLANDO FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SPYCHALSKY, JOE**
STREET ADDRESS **226 SHORE RD**
CITY-ST-ZIP **WINTER SPRINGS FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **CHUVEN, JAMIE**
STREET ADDRESS **601 BILL FRANCE BLVD #1805**
CITY-ST-ZIP **DAYTONA BEACH FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)