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Apr 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32801-2408

3. Date Incorporated or Qualified
11/08/1989

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

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

TITLE P ☐ DELETE

NAME LACY, LEE
STREET ADDRESS 1040 DRUID DR
CITY-ST-ZIP MAITLAND FL

TITLE D ☐ DELETE

NAME RHODES, GREG
STREET ADDRESS 849 BLOOMINGDALE DR
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME SCHILDWACHTER, ERIC
STREET ADDRESS 2808 EAGLE LAKE DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE S ☐ DELETE

NAME NORRIS, JAMES
STREET ADDRESS 2976 LOWELL COURT
CITY-ST-ZIP CASSELBERRY FL

TITLE D ☐ DELETE

NAME SPYCHALSKY, JOE
STREET ADDRESS 226 SHORE RD
CITY-ST-ZIP WINTER SPRINGS FL

TITLE T ☐ DELETE

NAME MOHLER, ROBERT
STREET ADDRESS 1091 PROBIDENCE LAND
CITY-ST-ZIP OVIEDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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 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 registered agent 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:

Robert D. Mohler

4/2/97

(407) 366-3873

CP2E037 (9/96)