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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35101

1. Corporation Name

THE JEFFREY A. MASSEY FLORIDA IOTA HOUSING CORPO
RATION

Principal Place of Business

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

Mailing Address

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

4948067-90181-19



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/08/1989

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	<input type="checkbox"/> DELETE
NAME	MAJOR, BELL	
STREET ADDRESS	10950 W MCCULLOCH RD	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RHODES, GREG	
STREET ADDRESS	849 BLOOMINGDALE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHILDWACHTER, ERIC	
STREET ADDRESS	2808 EAGLE LAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NORRIS, JAMES	
STREET ADDRESS	2976 LOWELL COURT	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPYCHALSKY, JOE	
STREET ADDRESS	226 SHORE RD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOHLER, ROBERT	
STREET ADDRESS	1091 PROVIDENCE LAND	
CITY-ST-ZIP	OVIEDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D WILLIAM Cullerton
3.3 STREET ADDRESS	2510 KIDWELL TR.
3.4 CITY-ST-ZIP	Fern Park, FL 32730
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S ROBINSON, SHAWN
4.3 STREET ADDRESS	3386 S. SEMORAN BLVD
4.4 CITY-ST-ZIP	ORLANDO, FL 32822
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T MEHLER, ROBERT JR.
6.3 STREET ADDRESS	2734 Chaddsford Circle Apt #1
6.4 CITY-ST-ZIP	OVIEDO, FL 32765

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

(407) 660-4457

CR2E037 (11/98)