

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37205** (4)

1. Corporation Name  
**PENINSULA AFFORDABLE HOUSING, INC.**

Principal Place of Business Mailing Address  
**1205 MAIN STREET 2057 Central Ave. St. Petersburg, FL 33713**  
**PO BOX 2062 TAMPA FL 33630**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>03/19/1990</b>
4. FEI Number <b>59-3138292</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**BOWMAN, FRANKLIN C  
210 MEADOWLARK LANE  
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent
81 Name <b>ROBERT C. ALBRITTON</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5430 PROCTOR ROAD</b>
83
84 City <b>SARASOTA</b> FL 85 Zip Code <b>34233</b>

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 **Robert C. Albritton** **1/15/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD ALBRITTON, ROBERT</b>
STREET ADDRESS	<b>5430 PROCTOR ROAD</b>
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VPD IVES, ALAN B</b>
STREET ADDRESS	<b>3817 HIGH GREEN DRIVE</b>
CITY-ST-ZIP	<b>MARIETTA GA 30068-2537</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD FORNEY, RICHARD M</b>
STREET ADDRESS	<b>14502 DALE MABRY HIGHWAY, SUITE #103</b>
CITY-ST-ZIP	<b>TAMPA FL 33618</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD MARTIN, JR., CHARLES R</b>
STREET ADDRESS	<b>9330 ADAMO DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33619</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BETZ, JACK</b>
STREET ADDRESS	<b>2200 ORIOLE DRIVE</b>
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>ED BOWMAN, FRANKLIN C</b>
STREET ADDRESS	<b>210 MEADOWLARK LANE</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Executive Director</b>
1.3 STREET ADDRESS	<b>White, Alton, Jr.</b>
1.4 CITY-ST-ZIP	<b>3301 N.E. 5th Ave. #1007 Miami, FL 33157</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Director</b>
2.3 STREET ADDRESS	<b>Killens, Gloria</b>
2.4 CITY-ST-ZIP	<b>5000 43rd St. S. St. Petersburg, FL 33711</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Robert C. Albritton** **1/15/98** **741 925-7155**

CR2E037 (10/97)