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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37205

Corporation Name

PENINSULA AFFORDABLE HOUSING, INC.

Principal Place of Business

Mailing Address

2057 CENTRAL AVE PENSACOLA FL 33713 P.O. BOX 25662 TAMPA FL 33630

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90006 023 ****70.00

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├ <i>─ </i>	Place of Business 2a. Mailing Address 2b. Ave. No 26 447 3RD Ave.	h/E	- ,	NO.	3. Date incorporated or Qualified 03/19/1990		1	
21 Suite.		, v <u>u</u>		/ 10/1	4. FEI Number	App	lied For	
⊢ ' '	e, Apt. 16 etc. 200 27 202				59-3138292	Not	Applicable	
22 City & St	01. 0.01.4)RA	-	.El.	5. Certificate of Status Desired	\$8.75 Ac		
Zip 24 33	Country Zip	Coy	TY N	7/AS	6. Election Campaign Financing Trust Fund Contribution	\$5.00 A Added to		
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered A	gent		
		81	Name					
ALBARITTON, ROBERT C				82 Street Address (P.O. Box Number is Not Acceptable)				
5430 PROCTOR RD								
SARASTOA FL 34233							ì	
SARASTOA FL 34200			84	City		85 Zip C	ode	
				•	FL			
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.								
CHANATURE								
SIGNATUR	Signature, typed or printed name of registered agent and title if applicable. (NOTE. R		Agent	signature required v	when reinstating) DATE	- DIOEOTOI	30.101.40	
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		Addition	
TITLE	PD DELETE	1.1 TF	ΠE			Change	☐ Addidon	
NAME	ALBRITTON, ROBERT	1.2 N	ME	-			l	
STREET ADDRES	ss 5430 PROCTOR ROAD	1.3 ST	REET.	ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34233	_	TY-ST	-ZIP			- Addition	
TITLE	VPD DELETE	2.1 Tr	ſΈ			☐ Change	☐ Addition	
NAME	IVES, ALAN B	2.2 N	ME					
STREET ADDRES	ss 3817 HIGH GREEN DRIVE	2.3 S1	REET.	ADDRESS			.	
CITY-ST-ZIP	MARIETTA GA 30068-2537		ITY-S7	r-zip		Change	Addition	
TITLE	SD DELETE	3.1 Tf				☐ Citalige	[_] =00:00:1	
NAME	FORNEY, RICHARD M	3.2 N						
STREET ADDRES	, , , , , , , , , , , , , , , , , , , ,	3.3 S	REET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33618	_	ITY-S1	r-ZIP		Change	Addition	
TITLE	TD DELETE	4.1 TI				□ cuange		
NAME	MARTIN, JR., CHARLES R	4. 2 N						
STREET ADDRE		4.3 S	REET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33619	-	TY-ST	-ZIP	. 77	Change	Addition	
TITLE	D DELETE	5.1 TI 5.2 N		V.	HOMAS D. JOHNSON	√ Cuanae	- Country	
NAME:	BETZ, JACK			ADDRESS 4				
STREET ADDRÉ					TO SW 15 TH AVE	3 404		
CITY-ST-ZIP	SARASOTA FL 34239	5.4 C	TY-ST		DEA KATON , TO 9	☐ Change	Addition	
TITLE	ED DELETE	1			Vian Killerie		* Youron	
NAME	WHITE, ALTON J	6.2 N		· · · · · · · · · · · · · · · · · · ·	LOKIA MILIEND	a 211	,	
STREET ADORE	ss 3301 NE 5TH AVE, 1007	6.3 S	REET	ADDRESS 4	905 34 Th GT, 56. 7	75.77 A	•	
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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 Statules. 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 of 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 private an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINCE NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 813-(21-(41) est 3301

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