FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41247 (0)

1. Corporation Name
BREVARD COUNTY AFFORDABLE HOUSING FOUNDATION, IN C.

Principal Place of Business	Mailing Address
1500A WEST EAU GALLIE BLVD. MELBOURNE FL 32935	1500A WEST EAU GALLIE BLVD. MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3092697 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HEALY, PATRICK F.
700 S. BABCOCK ST.
SUITE 400
MELBOURNE FL 32902-2523

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	HALTER, SAM	1.2 NAME	McWilliams, Tim	
STREET ADDRESS	2607 MANORWOOD DR.	1.3 STREET ADDRESS	492 E. Eau Gallie Blvd.	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE	D	2.1 TITLE	V D	☒ Change ☐ Addition
NAME	NEIMI, RAY	2.2 NAME	Wood, Greg	
STREET ADDRESS	900 E. STRAWBRIDGE AVE.	2.3 STREET ADDRESS	1109 E. New Haven Ave	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D	3.1 TITLE	T D	☒ Change ☐ Addition
NAME	REINMAN, JAMES	3.2 NAME	Mrvosh, Jim	
STREET ADDRESS	1825 S. RIVERVIEW DR.	3.3 STREET ADDRESS	326 E.Merritt Island Csewy	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Merritt Island, FL 32954	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	WHITE, BOB	4.2 NAME	LaFleur, Paul	
STREET ADDRESS	7025 N. WICKHAM RD.	4.3 STREET ADDRESS	2950 W. New Haven Ave	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Melbourne, FL 32904	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SIETSMA, LARRY	5.2 NAME		
STREET ADDRESS	1901 S. HARBOR CITY BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP		
TITLE	DS	6.1 TITLE		☐ Change ☐ Addition
NAME	TRAVIS, DEL	6.2 NAME		
STREET ADDRESS	1500 W. EAU GALLIE BLVD	6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	6.4 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)(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: Del Travis (407) 254-3700 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Del Travis, Secretary

0039967