NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41247

1. Corporation Name

BREVARD COUNTY AFFORDABLE HOUSING FOUNDATION, IN C.

Principal Place of Business

Mailing Address

2a. Mailing Address

1500A WEST EAU GALLIE BLVD. MELBOURNE FL 32935

2. Principal Place of Business

1500A WEST EAU GALLIE BLVD. MELBOURNE FL 32935

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90085 023 ****61.25

3. Date Incorporated or Qualifed

4025	4025 Parkway Drive			26	26 4025 Parkway Drive			11/01/1990					
Suite, Apt. #, etc.				11	Suite, Apt. #, etc.			4. FEI Number	A	pplied For			
22			27	27					59-3092697	N	ot Applicable		
City & Stat	e				City & State					5. Certifcate of Status Desired		Additional	
23 Melbourne, FL 28 Me				Melbourne, FL			, -		o. Certificate of Change Desired	Fee R	equired -		
Zip	Country Zip				c	Country			6. Election Campaign Financing \$5.00 May Be				
24 32934 25 USA 29 32934 3						30 =				Trust Fund Contribution		to Fees	
Name and Address of Current Registered Agent								Nessa	10. Name and Address of New Registered Agent				
							81	Name	Name Del Travis				
HEALY, PA	ATRICK F.				•		82 Street Address (P.O. Box Number is Not Acceptable)						
700 S. BA	BCOCK ST	•					83	4025 Parkway Drive					
SUITE 400													
MELBOURNE FL 32902-2523								City			85 Zip	Code 934	
									M	lelbourne FL			
11. Pursuant	to the provis	ions of Se	ctions 617.0502	and 6	617.1508, Florida Sta	atutes, the	above ed by	e-named o	corpor	ration submits this statement for the purpose of s board of directors. I hereby accept the appo	changing its ntment as r	s registerea egistered	
agent. I a	m familiar wi	th, and ac	cept the obligation	ons o	f, Section 617.0503,	Florida St	atutes			's board of directors. I hereby accept the appo			
SIGNATURE	: (He	Juan	سن	<u> </u>		De	al Tra	avis	s <u>3/2</u>	4/99		
	Stgnature, typed		ne of registered agent					t signature re	equired v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	ID DIRECT	OPS IN 12	
12.		-	OFFICERS AND	DIR	ECTORS DELETE	1.				ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE	P				'S DELEIE		TITLE	1					
NAME	MCWILLIA						NAME			•			
STREET ADDRESS	1							ADDRESS		÷			
CITY-ST-ZIP		ARBOUR	BEACH FL		SACIETE		CITY-S	r-zip			☐ Change	Addition	
TITLE	VD				DELETE		TILE	ł			. Cuanão	C) Addition	
NAME	WOOD, G						NAME	ŀ					
STREET ADDRESS								ADDRESS					
CTY-ST-ZIP	MELBOUF	NE FL			570-0 575		4 CITY-S	T-ZIP		·	Change	Addition	
TITLE	TD				DELETE		TITLE		∵ .	and the second second	□ Change		
NAME	MRVOSH,						NAME						
STREET ADDRESS] ===		SLAND CSEWY					ADDRESS			$\mathcal{F}_{i} = \mathcal{F}_{i}$		
CITY-ST-ZIP	MERRITT	island (-L		EZne ere		. CITY-S	T-ZIP	_		Change	X Addition	
TITLE	D				DELETE		IIILE	1	D	of Acode or Toronto	. C. cuarda	ka unam	
NAME	LAFLEUR,						2 NAME			ristopher Travis			
STREET ADDRESS			Æ AVE.					ADDRESS	402	25 Parkway Drive			
CITY-ST-ZIP	MELBOUF	RNE FL			To per per		CITY-S	T-ZIP		ibourne, FL 32934	Chance	X Addition	
TITLE	0				DELETE		TITLE		SD	semary Travis	□ Change	VIN MOUNDIN	
NAME	SIETSMA,						NAME	ADDDESO		25 Parkway Drive			
STREET ADDRESS	1.		CITY BLVD					ADDRESS					
CITY+ST-ZIP	MELBOUF	NE FL			□ NE: ETE		CITY-S	I-ZIP		lbourne, FL 32934	Chance	Addition	
TITLE	DS				☐ DELETE				PT	υ ,	Change	. L. Addition	
NAME	TRAVIS, E						NAME		110	75 Pankway Drivo			
STREET ADDRESS	1000		Lie blyd					- 1		25 Parkway Drive			
	MELITICALIE	MIC CL				■ 6 d	CITY-S	T-7IP (Me	lbourne El 32934			

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 comporation 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

3/24/99

(407) 259-2562

Daytime Phone

32E037 (11/98)