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NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N92000000433 (4)

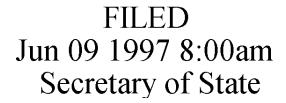
AFFORDABLE QUALITY HOUSING, INC.

Principal Place of Business

Mailing Address

TALL QUIDNEY DON'S

1177 TOLL QUIDNEY DON'S





MINTER PARK FL			WINTER PARK FL 32789-1212												
													e of Last Report 5/01/1996		
2. Principal Pla	ace of Busin	ess	2a. Mailing Address				4.	FEI Nun	nber 3 166881		I		App	olied For	
21 541 Sc	outh Or	lando	26 541 South Orlando					59-3	3166881				+	Applicable	
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.					Codilina	ota of Ctatus D			\$8.	75 A	dditional	
22 Suite	210		27 Suite 210				3.	Cermica	ite of Status D	esireo		Fe	e Re	quired '	
City & State			City & State				6.	Election	Campaign Fi	nancing		\$5.	.00	May Be	
23 Maitla	and F	L	28 Maitland FL			Trust Fund Contribution						Added to Fees			
Zip	.	Country	Zip	Cou			8.		poration has I	iability for in	itangible	tax unc	lers.	199.032,	
24 32751		25 Orange and Address of Current	29 32751	30 O	raı	nge			Statutes		Yes				
	9, Name	and Address of Current	Registered Agent		81	A 1		Name s	nd Address	of New Reg	istered	Agent			
					81	Name									
HOEKSEMA, DOUGLAS A						82 Street Address (P.O. Box Number is Not Acceptable)									
1177 TOM GURNEY DRIVE															
WINTER P	ARK FL 32	789			83										
	•			;	84	City						85	Zip C	ode	
						·					FL	. []	•		
11. Pursuant to office or re agent. I an	o the provisk egistered age n familiar wit	ons of Sections 617.0502 ant, or both, in the State of h, and accept the obliga	and 617.1508, Florida of Florida. Such change tions of, Section 617.050	Statutes, the ab was authorized 03, Florida State	ove by liby	e-named the corp i.	l corporatio poration's b	n submits loard of d	s this statemer directors. I her	nt for the pureby accept	rpose of the app	changi ointmer	ng its It as r	registered egistered	
SIGNATURE _															
	Signature, typed o	or printed name of registered agen		(NOTE Registered	Age	nt signature					DATE				
12.		OFFICERS AND		13.				ADDITIO	NS/CHANGES	TO OFFICE	ERS AND				
TITLE	D	14 DOLLOLAG 4	DELET						والأمال وواوي			Cha	nge	Addition	
NAME.		IA, DOUGLAS A		1.2 NA			F.4.		*** .	2044	`				
		GURNEY DRIVE				address	I .		Orland	O #210	J				
CITY-ST-ZIP		ARK FL 32789	DELET	1.4 CFT		I-ZIP	 	land,	FL					42	
TITLE	D		DELET				D	_				Cha	nge	Addition	
NAME	BLACK, JA			2.2 NA				Zano			_				
1		NTA AVE., #1121				ADDRESS			Orland	o #210)				
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NAME	KNOBLER	, IUAL	400	3.2 NA				ard W							
STREET ADDRESS	ODI ANDO	H ORANGE AVE., #1	IW			ADDRESS			h Orland	lo #20)()				
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NAME				6.2 NA	ME	j									
STREET ADDRESS				63 \$1	REET A	address									
CITY-ST-ZIP				6.4 CIT	Y - \$1	r-ZIP	<u> </u>								

I do hereby certify that the Information supplied with this filling 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.