

FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001656 (8)**

1. Corporation Name

THE ALLIANCE FOR AFFORDABLE HOUSING INC.



Principal Place of Business 1202 W LINEBAUGH SUITE C TAMPA FL 33612 US	Mailing Address 1202 W LINEBAUGH SUITE C TAMPA FL 33612 US
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3. Date Incorporated or Qualified 04/09/1993	
4. FEI Number 59-3182246	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 2901 W. Busch Blvd. Suite, Apt. #, etc. 22 Suite 711 City & State 23 Tampa FL Zip 24 33618	2a. Mailing Address 26 2901 W. Busch Blvd. Suite, Apt. #, etc. 27 Suite 711 City & State 28 Tampa FL Zip 29 33618	Country 25 US	Country 30 US
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MORINA, MICHAEL J 1202 W LINEBAUGH AVE SUITE C TAMPA FL 33612

10. Name and Address of New Registered Agent 81 Name Morina, Michael J. 82 Street Address (P.O. Box Number is Not Acceptable) 2901 W. Busch Blvd Suite 711 83 84 City Tampa FL 85 Zip Code 33618
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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 617.0509, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/18/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																				
<table border="1"><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>CARTEE, BEVERLY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>5118 N. 56TH STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>TAMPA FL</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> DELETE	NAME	CARTEE, BEVERLY		STREET ADDRESS	5118 N. 56TH STREET		CITY-ST-ZIP	TAMPA FL		<table border="1"><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr></table>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
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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 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: *[Signature]* **MICHAEL J. MORINA**
PRESIDENT

CP2E037 (10/97)