

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90106 033 ****70.00

DOCUMENT # N93000001656

1. Entity Name
THE ALLIANCE FOR AFFORDABLE HOUSING INC.



Principal Place of Business
**1205 W. FLETCHER AVENUE
SUITE C
TAMPA, FL 33612 US**

Mailing Address
**1205 W. FLETCHER AVENUE
SUITE C
TAMPA, FL 33612 US**

60002642



2. Principal Place of Business - No P.O. Box #
N/A

3. Mailing Address
P.O. Box 49255

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State
TAMPA, FL

City & State
ST. PETERSBURG, FL

4. FEI Number
59-3182246

Applied For
Not Applicable

Zip
33618

Country
US

Zip
33743-9255

Country
US

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORINA, MICHAEL J
14502 N DALE MABRY HWY
SUITE 200
TAMPA, FL 33618**

7. Name and Address of New Registered Agent

Name
MORINA, MICHAEL J.
Street Address (P.O. Box Number is Not Acceptable)
11714 PLUMOSA ROAD
City
TAMPA FL Zip Code
33618

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

MICHAEL J. MORINA, PRESIDENT

1/12/2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	MORINA, MICHAEL J	14502 N DALE MABRY HWY	TAMPA, FL 33618	<input type="checkbox"/>
	DS	ROOD, RENEE	2201 FEATHER SOUND DR	<input checked="" type="checkbox"/>
	D	LOVELL, TROY	5822 24TH STREET EAST	<input type="checkbox"/>
	D	KASCHYK, BRUCE	2210 CLIMBING IVY DRIVE	<input checked="" type="checkbox"/>
	D	BAMBERRY, DAVID	19621 WOODLAND MANOR PL.	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	SIT/P	MORINA, MICHAEL J.	11714 PLUMOSA RD.	<input checked="" type="checkbox"/>
	D	LESTER III, WILLIAM A.	17605 MEADOWBRIDGE DR.	<input type="checkbox"/>
	D	LOVELL, TROY	2307 OAKHURST CT.	<input checked="" type="checkbox"/>
	D	PFOST, JOAN P	11601 CARROLLWOOD DR.	<input type="checkbox"/>
	D	BAMBERRY, DAVID	19621 WOODLAND MANOR PL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

1/12/2007

Date

813-245-6880

Daytime Phone #