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 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001739 (2)**

1. Corporation Name

AFFORDABLE HOUSING AND COMMUNITY DEVELOPMENT COR PORATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
600 WARFSIDE WAY JACKSONVILLE FL 32207 US	600 WHARFSIDE WAY SUITE 4C JACKSONVILLE FL 32207 US

3. Date Incorporated or Qualified: **04/20/1993**
3a. Date of Last Report: **05/26/1994**
4. FEI Number: **59-3183444** ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JONES, CARLTON 600 WHARFSIDE WAY JACKSONVILLE FL 32207	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MCKISSICK, RUDOLPH	12 NAME	
STREET ADDRESS	7276 FLORAL RIDGE DR	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, CYNTHIA	22 NAME	
STREET ADDRESS	12089 HIDDEN HILLS DR	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GILLUM, J T	32 NAME	
STREET ADDRESS	3960 OLD SUNBEAM RD #1401	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	34 CITY ST ZIP	
TITLE	VT	41 TITLE	☐ Change ☐ Addition
NAME	WARREN, PAT	42 NAME	
STREET ADDRESS	10543 ARROWHEAD DT	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE	VS	51 TITLE	☐ Change ☐ Addition
NAME	BRYANT, JAMES S.	52 NAME	
STREET ADDRESS	6713 RHONE DR	53 STREET ADDRESS	*
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WISE LOTT, RUTH	62 NAME	
STREET ADDRESS	1211 W. 9TH ST	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 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: Mrs. Pat Warren
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

4/26/95
Date

(904) 399-5380
Daytime Phone #

002500A