SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS N93000001739 (2) **DOCUMENT #** AFFORDABLE HOUSING AND COMMUNITY DEVELOPMENT COR PORATION, INC. Principal Place of Business Mailing Address **600 WARFSIDE WAY** 600 WHARFSIDE WAY JACKSONVILLE FL 32207 SUITE 4C JACKSONVILLE FL 32207 3. Date Incorporated or Qualified 3a. Date of Last Report 04/20/1993 05/01/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3183444 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired X 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JONES, CARLTON 82 Street Address (P.O. Box Number is Not Acceptable) 600 WHARFSIDE WAY JACKSONVILLE FL 32207 83 City 84 85 Zip Code 11. Pursuant to the provisions of Acctions 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 original forms of Section 617.0503, Florida Statutes. d title if applicable (NOTE: Registered Agent signature required when reinstating) 12 S AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/8) DELETE Change Addition TITLE 1.1 TITLE MCKISSICK, RUDOLPH 1.2 NAME NAME 7276 FLORAL RIDGE DR STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TrTLE **AUSTIN, CYNTHIA** 2 2 NAME NAME 12089 HIDDEN HILLS DR STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE GILLUM, J T NAME 3.2 NAME 3960 OLD SUNBEAM RD #1401 STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32259 CITY-ST-2IF 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE WARREN, PAT NAME 4. 2 NAME STREET ADDRESS 10543 ARROWHEAD DT 4.3 STREET ADDRESS JACKSONVILLE FL 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE VS/D 5 1 TITLE BRYANT, JAMES S. 5.2 NAME NAME 6713 RHONE DR STREET ADDRESS 5.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Addition TITLE 6.1 TITLE WISE LOTT, RUTH NAME 6.2 NAME 1211 W. 9TH ST STREET ADDRESS **6.3 STREET ADDRESS**

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)(k), 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 addless.

6.4 CITY - ST - ZIP

SIGNATURE: X

CITY-ST-ZIP

Jacksonville fi

SIGNATED IN MEQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96

Daytime Phone #

0001726