

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000001739

1. Entity Name
**AFFORDABLE HOUSING AND COMMUNITY
DEVELOPMENT CORPORATION, INC.**



Principal Place of Business
2008 RIVERSIDE AVE.
200
JACKSONVILLE, FL 32204 US

Mailing Address
2008 RIVERSIDE AVE.
200
JACKSONVILLE, FL 32204 US



04262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3183444

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, CARLTON
600 WHARFSIDE WAY
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

U00000145363
05/03/04-80021-017 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCKISSICK, RUDOLPH
7276 FLORAL RIDGE DR
JACKSONVILLE, FL 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AUSTIN, CYNTHIA
12089 HIDDEN HILLS DR
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
BRYANT, JAMES S JR.
6713 RHONE DR
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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

4/29/04
Date

(904) 399-5350
Daytime Phone #