## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N93000001739

1. Entity Name

AFFORDABLE HOUSING AND COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business

Mailing Address

2008 RIVERSIDE AVE. 200

2008 RIVERSIDE AVE.

200

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32204

## **FILED** May 03, 2005 08:00 AM Secretary of State



01112005 No Chg-NP

CR2E037 (10/03)

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		
	ions of registered agent.				th, in the State of Florida. I am familiar with, and accept
0,011/10/16-	Signature, typed or printed name of registered agent and little	7 applicable (NOTE Registered	Agent signature	roquired when reinstaling)	DATE
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campalgn Financ Trust Fund Contribution.	eling .	\$5.00 May Be Added to Fees	1100000361113 05/05/05-80062-003 122.50
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-SI-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			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY - ST-ZIP

WE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #