2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 8:00 am
Secretary of State
08-16-2006 90005 001 ***122.50

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

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

07212006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
1732 Margaret St.	c/o Gateway Shopping Center
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5258-12 Norwood Ave.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32204 Country: USA	Zip: 32208 Country: USA

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	7. Name and Address of New Registered Agent
JONES, CARLTON ~~600 WHARFSIDE WAY~~ 1732 Margaret St. JACKSONVILLE, FL ~~32207~~ 32204	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 September 6, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKISSICK, RUDOLPH 7276 FLORAL RIDGE DR JACKSONVILLE, FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUSTIN, CYNTHIA 12089 HIDDEN HILLS DR JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BRYANT, JAMES S JR. 6713 RHONE DR JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 8/10/06 904 764-7745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # ext. 14