

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90010 024 ***122.50

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

Principal Place of Business

**1732 MARGARET ST
JACKSONVILLE, FL 32204 US**

Mailing Address

**C/O GATEWAY SHOPPING CENTER
5258-12 NORWOOD AVE
JACKSONVILLE, FL 32208 US**



04242007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3183444

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JONES, CARLTON
1732 MARGARET ST
JACKSONVILLE, FL 32204**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/07