

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90028 050 ****61.25

DOCUMENT # N93000001739					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Suite, Apt. #, etc. C/O Gateway Town Center 5000-7 Norwood Ave.			
Suite, Apt. #, etc.		City & State Jacksonville, FL			
City & State		City & State Jacksonville, FL		4. FEI Number 59-3183444	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32208		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent JONES, CARLTON BRYANT, JAMES S JR 1732 MARGARET ST 5000-7 NORWOOD AVE JACKSONVILLE, FL 32204 32208			7. Name and Address of New Registered Agent Name <u>James Bryant, Sr.</u> Street Address (P.O. Box Number is Not Acceptable) 5000-7 NORWOOD AVE 1732 Margaret St. City <u>Jacksonville</u> FL Zip Code <u>32208</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>				DATE <u>4/23/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, CYNTHIA 12089 HIDDEN HILLS DR JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BRYANT, JAMES S JR. 6713 RHONE DR JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 fee empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/22/08</u>		DAYTIME PHONE # <u>904 764-7745</u>