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Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001934 (9)**

1. Corporation Name

LOW AND MODERATE AFFORDABLE HOUSING, INC.

Principal Place of Business

Mailing Address

**8428 NEW KINGS RD.
SUITE 7
JACKSONVILLE FL 32219**

**8428 NEW KINGS RD.
SUITE 7
JACKSONVILLE FL 32219**

3. Date Incorporated or Qualified

04/28/1993

4. FEI Number

59-3197840

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

7. Is this nonprofit corporation a homeowners association?

☒

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARDS, BENJAMIN
6249 PENIFORD DR WEST
JACKSONVILLE FL 32209**

81 Name

Clarence Williams

82 Street Address (P.O. Box Number is Not Acceptable)

9357 Elmhurst CT

83

84 City

Jacksonville

FL

85 Zip Code

32219

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-16-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **CD BEEKS, TERRENCE**
STREET ADDRESS **1715 MELSON AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Clarence Williams**
1.3 STREET ADDRESS **9357 Elmhurst CT**
1.4 CITY-ST-ZIP **Jacksonville, FL 32219**

TITLE ☐ DELETE

NAME **TD EDWARDS, BENJAMIN**
STREET ADDRESS **6279 PETTIFORD DR. WEST**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **SD BEEKS, LATANYA**
STREET ADDRESS **1715 MELSON AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**300002583719
-07/09/98--01005--012
***70.00**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

4/30/98 924-3442

CR2E037 (1097)