

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90045 013 ****70.00

DOCUMENT # N93000001934

1. Entity Name
LOW AND MODERATE AFFORDABLE HOUSING, INC.



Principal Place of Business
**8428 NEW KINGS RD.
SUITE 7
JACKSONVILLE, FL 32219**

Mailing Address
**8428 NEW KINGS RD.
SUITE 7
JACKSONVILLE, FL 32219**

50010088



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3197840

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, CLARENCE
9357 GILCHRIST CT.
JACKSONVILLE, FL 32219**

7. Name and Address of New Registered Agent

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 May 1, 2005**

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

TITLE **CD** ☒ Delete
NAME **WALTER, GENERAL**
STREET ADDRESS **2836 W 4TH STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

TITLE **TD** ☒ Delete
NAME **MAMARIL, ARMENDO**
STREET ADDRESS **10505 RS BAILEY DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **SD** ☐ Delete
NAME **WILLIAMS, CLARENCE**
STREET ADDRESS **9357 GILCHRIST COURT**
CITY-ST-ZIP **JACKSONVILLE, FL 32219**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/30/05 904 704 3666