

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002549 (4)

1. Corporation Name

AFFORDABLE HOUSING ALLIANCE, INC.

Principal Place of Business

2200 LUCIEN WAY
SUITE 450
MAITLAND FL 32751

Mailing Address

2200 LUCIEN WAY
SUITE 450
MAITLAND FL 32751-7030

FILED
97 APR 24 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 P.O. Box 4961

27 Suite, Apt. #, etc.

28 Orlando, FL

29 32802-4961 30 USA

3. Date Incorporated or Qualified
06/07/1993

3a. Date of Last Report
03/08/1996

4. FEI Number

59-3188520

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL
FLORIDA, INC.
390 N. ORANGE AVE., SUITE 1100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE D
NAME PEPPER, DONNA D
STREET ADDRESS 2200 LUCIEN WAY, SUITE 450
CITY-ST-ZIP MAITLAND FL 32751

DELETE

TITLE D
NAME SCIARRINO, MICHAEL
STREET ADDRESS 2200 LUCIEN WAY, SUITE 450
CITY-ST-ZIP MAITLAND FL

DELETE

TITLE D
NAME RAYNER, WILLIAM
STREET ADDRESS 111 SMITH ST.
CITY-ST-ZIP TALLAHASSEE FL 32301

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME Michael S. Sciarrino
1.3 STREET ADDRESS 2200 Lucien way, Ste. 450
1.4 CITY-ST-ZIP Maitland, FL 32751

Change Addition

2.1 TITLE
2.2 NAME Samuel Morrow
2.3 STREET ADDRESS 533 Versailles Dr., Ste. 104
2.4 CITY-ST-ZIP Maitland, FL 32751

Change Addition

3.1 TITLE SIT
3.2 NAME Jay P. Brock
3.3 STREET ADDRESS 2200 Lucien way, Ste. 450
3.4 CITY-ST-ZIP Maitland, FL 32751

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014115

CR2E037 (9/96)