FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

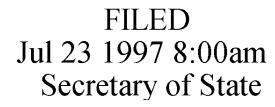
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N9300005420 (5) DOCUMENT # 1. Corporation Name

AFFORDABLE HOUSING INSTITUTE, INC.

Mailing Address





ORLANDO FL 3		2121 8 CAMDEN HOAD ORLANDO FL 32803-1431								
						3. Date incorporated or Qualified 3a. Dat 11/15/1993		te of Last Report 03/20/1996		
	lace of Business	2a. Mailing Address				4. FEI Number 59-3223001			plied For	
21	u	26				39-3223001			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Regulard				
City & State	9	City & State				6. Election Campaign Financing			•	
23		<u> </u>	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			•	
Zip	Country Zip			try		8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30			Florida Statutes 🔲 Yes 🔀 No				
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
			1	B1 N	lame					
NOLAN,		la la	82 Street Address (P.O. Box Number is Not Acceptable)			le)				
	CAMDEN ROAD		Ļ			· · · · · · · · · · · · · · · · · · ·				
ORLAND	O FL 32803			B3						
			ļī	B4 C	ity			85 Zip	Code	
44 5		00 - 1017 4500 51 11 0		i			<u>FL</u>			
office or re agent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the oblic	02 and 617.1508, Florida State of Florida. Such change was stations of, Section 617.0503,	tutes, the ab- is authorized Florida Statu	ove-n by th tes.	amed corp e corporat	poration submits this statement for the policin's board of directors. I hereby accep	urpose of t the app	changing it ointment as	s registered registered	
SIGNATURE _										
	Signature, typed or printed name of registered ap			Agent s	Ignature requir	red when reinstating)	DATE	DIDENTAG	0.111.40	
12.	D OFFICERS AF	ND DIRECTORS DELETE	13. 1.1 Titu		1	ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	Addition	
NAME	HARTNETT, ROBERT C	C percut						☐ Charige	LI Madition	
STREET ADDRESS	2121 B. CAMDEN ROAD		1.2 NAM		NDF00					
CITY-ST-ZIP	ORLANDO FL 32803			EET ADI						
TITLE	D	☐ DELETE	1.4 C(T) 2.1 T(TL		ır			Change	Addition	
NAME	NOLAN, JOHN G		2.2 NAN							
STREET ADDRESS	2121 B. CAMDEN ROAD		2.3 STR		ORESS					
CITY-ST-ZIP	ORLANDO FL		2. 4 CIT							
TITLE	5	☐ DELET e	3.1 TITL					Change	Addition	
NAME	NOLAN, WILLIAM T		3.2 NAN	AE						
STREET ADDRESS	2121 B. CAMDEN ROAD		3.3 STR	EET ADI	PRESS					
CITY-ST-ZIP	ORLANDO FL 32803		3.4. CIT	<u>Y-\$</u> 1-2	IP					
TITLE		☐ DELETE	4.1 TITL	E				Change	Addition	
NAME			4. 2 NAI	ME						
STREET ADDRESS			4.3 STR	EET ADO	ORESS					
CITY-ST-ZIP	-11		4.4 CITY	-ST-Z	P		<u>. </u>			
TITLE		☐ DELETE	5.1 TITL	£		· 		Change	Addition	
NAME			5.2 NAA	4E						
STREET ADDRESS			5.3 STR	EET ADS	RESS					
CITY-ST-ZIP			5.4 CITY		P					
TITLE		DELETÉ	6.1 TITL	E				☐ Change	☐ Addition	
NAME			6.2 NAM							
STREET ADDRESS			6.3 STR	EET ADD	RESS					
CITY-ST-ZIP			6.4 CITY	- ST-Z	P					

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.