


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90041 035 ****70.00

DOCUMENT # N93000005420					
1. Entity Name AFFORDABLE HOUSING INSTITUTE, INC.					
Principal Place of Business 2121 B CAMDEN ROAD ORLANDO, FL 32803			Mailing Address 2121 B CAMDEN ROAD ORLANDO, FL 32803		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3223001	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NOLAN, WILLIAM T 2121 B. CAMDEN ROAD ORLANDO, FL 32803			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARTNETT, ROBERT C	NAME			
STREET ADDRESS	2121 B. CAMDEN ROAD	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUNN, FRANCES E	NAME			
STREET ADDRESS	2229 OVERLOOK DR	STREET ADDRESS			
CITY-ST-ZIP	MT DORA, FL 32757	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOLAN, WILLIAM T	NAME			
STREET ADDRESS	2121 B. CAMDEN ROAD	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARTNETT, BRYAN C	NAME	VP HARTNETT, BRYAN C.		
STREET ADDRESS	2121 CAMBEN ROAD # B	STREET ADDRESS	2121 CAMDEN ROAD # B		
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	ORLANDO, FL 32803		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALZO, REDDICK	NAME			
STREET ADDRESS	2116 MONTE CARLO TRAIL	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32805	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 like empowered.					
SIGNATURE: 		Date: Jan 3, 2008		Daytime Phone #: 47896-0035	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	