## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005420

Entity Name: AFFORDABLE HOUSING INSTITUTE, INC.

FILED Jan 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2121 B CAMDEN ROAD 2121 CAMDEN ROAD ORLANDO, FL 32803

SUITE B ORLANDO, FL 32803

**Current Mailing Address:** New Mailing Address:

2121 B CAMDEN ROAD 2121 CAMDEN ROAD ORLANDO, FL 32803 SUITE B

ORLANDO, FL 32803

FEI Number: 59-3223001 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NOLAN, WILLIAM T NOLAN, WILLIAM T 2121 B. CAMDEN ROAD 2121 CÁMDEN ROAD ORLANDO, FL 32803 SUITE B

ORLANDO, FL 32803 US

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.

SIGNATURE: 01/20/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete HARTNETT, ROBERT C HARTNETT, ROBERT C Name: Name: 2121 B. CAMDEN ROAD Address: 2121 CAMDEN ROAD, SUITE B Address:

ORLANDO, FL 32803 ORLANDO, FL 32803 City-St-Zip: City-St-Zip:

(X) Change ( ) Addition Title: ( ) Delete Title:

Name: NOLAN, WILLIAM T Name: NOLAN, WILLIAM T Address: 2121 B. CAMDEN ROAD Address: 2121 CAMDEN ROAD, SUITE B

City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32803

Title: () Delete Title: (X) Change ( ) Addition HARTNETT, BRYAN C HARTNETT, BRYAN C Name: Name:

2121 CAMDEN RD #B 2121 CAMDEN ROAD, SUITE B Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32803

Title: () Delete Title: () Change () Addition Name:

ALZO, REDDICK Name: Address: 2116 MONTE CARLO TRAIL Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C. HARTNETT D 01/20/2009