2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004
Secretary of State

DOCUMENT# N94000006207

Entity Name: ACTS AFFORDABLE HOUSING, INC.

Current Principal Place of Business:

ACTS AFFORDABLE HOUSING INC
4612 N 56 ST
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

ACTS AFFORDABLE HOUSING INC
4612 N 56TH ST
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: 65-0550718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARROCCO, JOHN P
4612 N 56TH ST
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARROCCO, JOHN P
Address: 4612 N 56TH ST
City-St-Zip: TAMPA, FL 33610

Title: TD ( ) Delete
Name: BROWN, NORMAN
Address: 4612 N 56TH ST
City-St-Zip: TAMPA, FL 33610

Title: VD ( ) Delete
Name: BROWN, RICHARD
Address: 4612 N 56TH ST
City-St-Zip: TAMPA, FL 33610

Title: SD ( ) Delete
Name: REYNOLDS, JULIE
Address: 4612 N 56TH ST
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: SALZER, KENNETH
Address: 4612 N 56TH ST
City-St-Zip: TAMPA, FL 33610

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN P MARROCCO PD 08/04/2004
Electronic Signature of Signing Officer or Director — Date