FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N95000003215 (9) **DOCUMENT** #

AFFORDABLE NEIGHBORHOOD ECONOMIC DEVELOPMENT, IN

FILED May 01 1998 8:00am Secretary of State

ate Incorporated or Qualified	

Principal Plac	e of Business	Mailing Address					n i i ann ei ne i aith i ai dh	
907 ST. JOHNS AVENUE 907 ST. JOHNS AVENUE PALATKA FL 32177 PALATKA FL 32177		3. Date Incorporated or Qualified 07/07/1995						
						4. FEI Number	Applied For	
						59-3373727	Not Applicable	
	lace of Business	2a. Mailing Address		-4		5. Certificate of Status Desired \$8	.75 Additional	
21	M -1-		N 16	, 470	STree		ee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					.00 May Be	
22 27			Trust Fund Contribution Added to Fees					
28 LANDERhell Horda		dx	7. Is this nonprofit corporation a homeowners association?					
Žip	Country	Zin –	Zip – Country			8. This corporation owes or has paid the current year Intangible		
24	25		30	7	LSA	Personal Property Tax due June 30. Yes		
. <u>.</u>	9. Name and Address of Curre	ent Registered Agent		L.,		10. Name and Address of New Registered Agent		
				81	Name			
	ON, JOHN			82	Street Address (P.O. Box Number is Not Acceptable)			
	TH WHITNEY STREET		i					
\$1. AUG	IUSTINE FL 32095			83				
				84	City	FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508. Florida Statu	tes the el	bove	-named corpo	Oration submits this statement for the purpose of chan	ning its registered	
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 as			d Ager	nt signature require	ed when reinstating) DATE		
12.	CPD OFFICERS AF	ND DIRECTORS	13.	*: *		ADDITIONS/CHANGES TO OFFICERS AND DIRE		
NAME	ROSE, WILLIAM S		1.1 TI			LJa	nange 🔲 Addition	
STREET ADDRESS	4980 NW 16TH ST.		1.2 N/		ADDRESS			
OTTY-ST-ZIP	LAUDERHILL FL 33313			TY-ST				
TITLE	PSD	DELETE	2.1 10		- 417	X ch	ange Addition	
NAME	EVANS, BRIAN	- ···-	2.2 NA				ango Est recisció	
STREET ADDRESS	1912 ROSELLE AVE.				ADDRESS /	918 Roselle AVR.		
CITY-SY-ZIP	PALATKA FL 32177			ITY-S1	T-ZIP	918 Roselle AVE. PALATKA, H. 32177		
TITLE	VID	DELETE	3.1 T()				ange Addition	
NAME	JOHN SON, AARON		3.2 NA	ME			ĺ	
STREET ADDRESS	140 AVENUE U N.E.		3.3 ST	REET A	ADDRESS .			
CITY-ST-ZIP	WINTER HAVEN FL 33880		3.4. C	MY-SI	r-ZIP			
TITLE		☐ DELETE	4.1 Til	TLE	Ì	□ Cr	ange 🔲 Addition	
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET A	ADDRESS			
CITY-ST-ZIP		T perete	_	TY-ST	-ZIP			
TITLE		☐ DELETE	5.1 TIT			Ch	ange Addition	
NAME CTOCET ADDOCCO			5.2 NA				_ ン シ	
STREET ADDRESS					ADDRESS		5.1	
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT		- ZIP	☐ Ch	ange	
NAME		vicit	6.1 III					
STREET ADDRESS					ADDRESS	500002508455 -05/04/9801002014 ***61.25		
CITY-ST-78P				NEE! A	1	###K1 2C		

14. I 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.