

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
--	---	---

FILED
98 JUN 26 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N9500004383*

1. Corporation Name

**SARASOTA COALITION FOR AFFORDABLE HOUSING,
INC**

Principal Place of Business

Mailing Address

**1060 OREGON CT.
SARASOTA FLA 34236**

3. Date Incorporated or Qualified

4. FEI Number

N/A

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LONNIE WARD, JR.
1060 OREGON CT.
SARASOTA FLA. 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	LONNIE WARD, JR	
STREET ADDRESS	1060 OREGON CT	
CITY-ST-ZIP	SARASOTA FLA 34236	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAYMELL B. GRIMES	
STREET ADDRESS	1060 OREGON CT	
CITY-ST-ZIP	SARASOTA FLA. 34236	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIE M. SHEFFIELD	
STREET ADDRESS	1060 OREGON CT.	
CITY-ST-ZIP	SARASOTA FLA. 34236	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES C. BROWN	
STREET ADDRESS	1060 OREGON CT.	
CITY-ST-ZIP	SARASOTA FLA. 34236	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	600002574096--4
1.3 STREET ADDRESS	-06/29/98--01001--010
1.4 CITY-ST-ZIP	*****183.75 *****61.25

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	600002574096--4
2.3 STREET ADDRESS	-06/29/98--01001--011
2.4 CITY-ST-ZIP	*****26.25 *****9.75

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: **LONNIE WARD, JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 26, 1998 (941) 355-2994

Date

Daytime Phone #

CR2E037 (10/97)