

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005609 (1)**

1. Corporation Name

**AVON PARK AFFORDABLE HOUSING CORPORATION**

Principal Place of Business

**406 TULANE DRIVE  
AVON PARK FL 33825**

Mailing Address

**406 TULANE DRIVE  
AVON PARK FL 33825**



3. Date Incorporated or Qualified

**11/28/1995**

3a. Date of Last Report

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILMORE, RICARDO L**

**~~834 SOUTH HYDE PARK AVENUE~~  
~~TAMPA FL 33606~~**

**101 EAST KENNEDY BLVD.  
SUITE 3200  
TAMPA FL 33601**

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 617.050 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]*  
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/27/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D ROBERTS, LESTER A**  
STREET ADDRESS **1002 S WALDRON AVE**  
CITY - ST - ZIP **AVON PARK FL 33825**

TITLE ☒ DELETE  
NAME **D GREENSLADE, DAVID**  
STREET ADDRESS **3200 U.S. 27 SOUTH**  
CITY - ST - ZIP **SEBRING FL 33870**

TITLE ☐ DELETE  
NAME **D HILTON, FORREST**  
STREET ADDRESS **702 U.S. 27 NORTH**  
CITY - ST - ZIP **SEBRING FL 33870**

TITLE ☐ DELETE  
NAME **D GUNTHER, SHARON**  
STREET ADDRESS **3801 U.S. 27 NORTH**  
CITY - ST - ZIP **SEBRING FL 33870**

TITLE ☐ DELETE  
NAME **D WINDSOR, JAMES**  
STREET ADDRESS **720 SEBRING SQUARE**  
CITY - ST - ZIP **SEBRING FL 33870**

TITLE ☒ DELETE  
NAME **D JOHNSON, DONALD R**  
STREET ADDRESS **947 W LAKE DAMON DRIVE**  
CITY - ST - ZIP **AVON PARK FL 33825**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☒ Addition  
**O ALICE C. OLHAM, SECRETARY**  
**406 TULANE DRIVE**  
**AVON PARK FL 33825**

☐ Change ☐ Addition  
**D CHRISTI BIRROWS**  
**851 US 27 SOUTH AVON PARK FL 33825**

☐ Change ☐ Addition

☐ Change ☐ Addition  
**000001899180**  
**-07/19/96--01014--042**  
**\*\*\*61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/21/96 (941) 482-4432**  
Date Daytime Phone

CR2E037 (3/96)