

**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 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	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent <b>GILMORE, RICARDO L 934 SOUTH HYDE PARK AVENUE TAMPA FL 33606</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	

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]* DATE **6/27/96**  
Signature typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ROBERTS, LESTER A</b> <b>1002 S WALDRON AVE</b> <b>AVON PARK FL 33825</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>O</b> <b>ALICE C. OLDHAM, SECRETARY</b> <b>406 TULANE DRIVE</b> <b>AVON PARK FL 33825</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GREENSLADE, DAVID</b> <b>3200 U.S. 27 SOUTH</b> <b>SEBRING FL 33870</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HILTON, FORREST</b> <b>702 U.S. 27 NORTH</b> <b>SEBRING FL 33870</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>CHRISTI BURROWS</b> <b>851 US 27 SOUTH AVON PARK FL 33825</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GUNTHORP, SHARON</b> <b>3801 U.S. 27 NORTH</b> <b>SEBRING FL 33870</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>WINDSOR, JAMES</b> <b>720 SEBRING SQUARE</b> <b>SEBRING FL 33870</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>JOHNSON, DONALD R</b> <b>947 W LAKE DAMON DRIVE</b> <b>AVON PARK FL 33825</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000001899180</b> <b>-07/19/96--01014--042</b> <b>***61.25</b>

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]* DATE **6/21/96** (941) 482-4432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)