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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001007 (1)**

1. Corporation Name

THE AFFORDABLE HOME CENTER, INC.



Principal Place of Business

Mailing Address

**200 E. COMMERCIAL ST.
SUITE 3
SANFORD FL 32771**

**200 E. COMMERCIAL ST.
SUITE 3
SANFORD FL 32771-1362**

3. Date Incorporated or Qualified
02/22/1996

3a. Date of Last Report

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**

4. FEI Number

Applied For

59-3381225

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

**HILLMAN, MARY L
200 E. COMMERCIAL ST.
SUITE 3
SANFORD FL 32771**

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

Mary L Hillman
Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **HILLMAN, MARY L**
STREET ADDRESS **130 SANORA BLVD.**
CITY-ST-ZIP **SANFORD FL 32773**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **GRAY, RICHARD**
STREET ADDRESS **126 KRIDER RD.**
CITY-ST-ZIP **SANFORD FL 32771**

2.1 TITLE **S/T/D** ☐ Change ☒ Addition
2.2 NAME **Latesa Graham**
2.3 STREET ADDRESS **120 Country Club Dr.**
2.4 CITY-ST-ZIP **Sanford, Fl. 32771**

TITLE **D** ☐ DELETE
NAME **DIETRICH, DORIS M**
STREET ADDRESS **204 TANGERINE DR.**
CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE **D** ☒ DELETE
NAME **HAROLD, EMMA**
STREET ADDRESS **1306 CYPRESS AVE.**
CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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

Mary L Hillman

Mary L Hillman

Mary L Hillman

CR2E037 (9/96)