

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90026 041 ****61.25

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02242004 Chg-NP CR2E037 (10/03)

DOCUMENT # N98000001473							
1. Entity Name AFFORDABLE HOUSING OPPORTUNITIES, INC.							
Principal Place of Business 4000-B ST. JOHNS AVE., SUITE 22 JACKSONVILLE, FL 32205			Mailing Address 4000-B ST. JOHNS AVE., SUITE 22 JACKSONVILLE, FL 32205				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-3517390			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CRAVEY, JERRY R 4000-B ST. JOHNS AVE., SUITE 22 JACKSONVILLE, FL 32205			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CRAVEY, JERRY R		NAME				
STREET ADDRESS	4000-B ST. JOHNS AVE., SUITE 22		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BELL, PAT		NAME				
STREET ADDRESS	4000-B ST. JOHNS AVE., SUITE 22		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WALTON, WILLIAM H		NAME				
STREET ADDRESS	4000-B ST. JOHNS AVE., SUITE 22		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PAGE, WOODROW		NAME				
STREET ADDRESS	3436 MONCRIEF RD W		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LENTZ, ANN		NAME				
STREET ADDRESS	4000-B ST. JOHNS AVE., SUITE 22		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>W. H. Walton</i>		Date: 3-19-04		Daytime Phone #: 904-388-2225			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			