
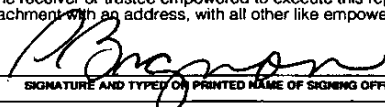


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90080 003 ****61.25

DOCUMENT # N99000000505					
1. Entity Name MIAMI-DADE AFFORDABLE HOUSING FOUNDATION, INC.					
Principal Place of Business 25 W. FLAGLER STREET SUITE 750 MIAMI, FL 33130			Mailing Address 25 W. FLAGLER STREET SUITE 750 MIAMI, FL 33130		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
03292005 Chg-NP				CR2E037 (10/03)	
4. FEI Number 65-0898790				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		
BRAYNON, PATRICIA 25 W. FLAGLER ST., STE. 950 MIAMI, FL 33130-1720			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLACE, MILTON		NAME		
STREET ADDRESS	25 WEST FLAGLER STREET, SUITE 750		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TERROFERMA, GERADO		NAME	Gulley, Cheree (CHEREE)	
STREET ADDRESS	25 WEST FLAGLER STREET, SUITE 750		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INGRAM, CORDELLA		NAME		
STREET ADDRESS	25 WEST FLAGLER STREET, SUITE 750		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAYNON, PATRICIA		NAME		
STREET ADDRESS	25 WEST FLAGLER STREET, SUITE 750		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINE, MARTIN		NAME		
STREET ADDRESS	25 WEST FLAGLER STREET, SUITE 750		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		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: 		Date: 3-30-05		Daytime Phone #: (305) 372-4990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	