

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000000505  
 1. Entity Name  
 MIAMI-DADE AFFORDABLE HOUSING FOUNDATION, INC.



Principal Place of Business      Mailing Address  
 BISCAYNE BUILDING      BISCAYNE BUILDING  
 19 WEST FLAGLER STREET, STE. 311      19 WEST FLAGLER STREET, STE. 311  
 MIAMI, FL 33130      MIAMI, FL 33130



07032006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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  
 BRAYNON, PATRICIA  
 25 W. FLAGLER ST., STE. 950  
 MIAMI, FL 33130-1720

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

00000001735  
 07/21/06-80010-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WALLACE, MILTON
STREET ADDRESS	25 WEST FLAGLER STREET, SUITE 750
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	STD
NAME	GULLEY, CHEREE
STREET ADDRESS	25 WEST FLAGLER STREET, SUITE 750
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	VCD
NAME	INGRAM, CORDELLA
STREET ADDRESS	25 WEST FLAGLER STREET, SUITE 750
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	P
NAME	BRAYNON, PATRICIA
STREET ADDRESS	25 WEST FLAGLER STREET, SUITE 750
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	VCD
NAME	FINE, MARTIN
STREET ADDRESS	25 WEST FLAGLER STREET, SUITE 750
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patricia Braynon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_