## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000000505

MIAMI-DADE AFFORDABLE HOUSING FOUNDATION.



**FILED** Feb 06, 2008 08:00 AN Secretary of State

Principal Place of Business

**BISCAYNE BUILDING** 19 WEST FLAGLER STREET, STE. 311 MIAMI, FL 33130

Mailing Address

**BISCAYNE BUILDING** 19 WEST FLAGLER STREET, STE. 311 MIAMI, FL 33130



01082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number	-	Applied For	
65-0898790		Not Applicable	
5. Certificate of Status Desired		\$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 WRIT IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or registered agent, or both	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registers	d Agent signature required when reinstating)	DAFE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Final Trust Fund Contribution.	ncing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	A STATE OF THE STA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WALLACE, MILTON 25 WEST FLAGLER STREET, SUITE MIAMI, FL 33130	750		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GULLEY, CHEREE 25 WEST FLAGLER STREET, SUITE MIAMI, FL 33130	750		000000818069 02/15/08-80028-016 61.25
TITLE NAME STREET AODRESS CITY-ST-ZIP	VCD INGRAM, CORDELLA 25 WEST FLAGLER STREET, SUITE : MIAMI, FL 33130	750	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAYNON, PATRICIA 25 WEST FLAGLER STREET, SUITE T MIAMI, FL 33130	750	IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FINE, MARTIN 25 WEST FLAGLER STREET, SUITE 7 MIAMI, FL 33130	750		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12.   hereby c	ertify that the information supplied with this fil	ng does not qualify for the exe	emptions 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.

1- 31-08

Daytime Phone #