FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000033039 (4)

AFFORDABLE FAMILY HOUSING FOUNDATION, INC.

Princ	ipal	Place c	Business
8679	SAN.	MARLO	WAY

Mailing Address

FILED Feb 12 1997 8:00am Secretary of State



8679 SAN MARLO WAY ORLANDO FL 32825		8679 SAN MARLO WAY ORLANDO FL 32825-8396			
			· .	3. Date Incorporated or Qualified 04/15/1996	3a. Date of Last Report 04/15/96
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 47 E. Robinson St.		26 47 E. Robinson St.		59-3373992	Not Applicable
Suite, Apt #, etc 22 Suite 210		Suite, Apt. #, etc. 27 Suite 210		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	ndo, Florida	City & State 28 Orlando,		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 32801	Country 25 Orange	20 32801	Country Orange]Yes ██ No
<u> </u>	9. Name and Address of Currer	nt Registered Agent	6.1	10. Name and Address of New Re	pistered Agent
	oy, anthony f		81 Name		
	Bluffview Drive Leair Bluffs Fl. 34640			Address (P.O. Box Number is Not Acceptab	le)
; 		•	83		
			84 City		FL 85 Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	authorized by the corp.	corporation submits this statement for the p oration's board of directors. I heraby accep	urpose of changing its registered it the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registers diag-		TE: Registered Agent signature		DATE
12.		ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE Director/President	Change Addition
TITLE	D Walker, Bill	L) DECETE	•	Bill Walker	LZI Change LI Addition
NAME	8679 SAN MARLO WAY		1.2 NAME	8679 San Marlo Way	
STREET ADDRESS	ORLANDO FL 32825		1.3 STREET ADORESS		2025
CITY - ST - ZIP	D D	DELETE	1.4 CITY+ST-ZIP 2.1 TITLE	Orlando, Florida 3	
NAME	KIRK, DENISE		22 NAME	Director/Vice-Pres	, La change La radinon
	510 CHRISTOR PLACE		2.3 STREET ADDRESS	510 Christor Place	
STREET ADDRESS	ORLANDO FL 32825				2025
CITY-ST-ZIP	UNDAMED IT SECTO	DELETE	2 4 CITY+ST-ZIP 3.1 TITLE	Orlando, Florida 3	2020 □ Change □ Addition
NAME.	CODY, ANTHONY		3.2 NAME	Director/Sec./Tres Anthony F. Cody 721 Bluffview Dr.	. **
STREET ADDRESS	721 BLUFFVIEW DRIVE		3.3 STREET ADDRESS	721 Bluffview Dr.	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640		3.4. CITY-ST-ZIP	Belleair Bluffs, Fl	
THE		. DELETE	4,1 TITLE	Asst. Vice-Pres.	Change X Addition
NAME			4. 2 NAME	Laura Spitulski	
STREET ADORESS			4.3 STREET ADDRESS	3100 Old Winter Gar	cden Road #734
C(1) Y - S1 - 2)P			4.4 CITY-ST-ZIP	Ocoee, FL 34761	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		•	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY+ST-ZiP			5.4 CITY-ST-ZIP	•	en e
TITLE		DELETE	6.1 TITLE		Change Addition
NAM?			62 NAME	•	
STREET ADDRESS			63 STREET ADDRESS		
CITY - ST - 7IP	Ì		6.4 CITY - ST - ZIP		
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: