

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED
MAY 10 1995

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P38341** (4)
1. Corporation Name
AFFORDABLE COMMUNITY HOUSING TRUST - ALPHA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2020 BRADY LANE
ROSEVILLE CA 95757**

Mailing Address
**2020 BRADY LANE
ROSEVILLE CA 95757**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/15/1992** 3a. Date of Last Report **04/08/1994**

4. FEI Number **94-3130128** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 194.002, Florida Statutes Yes No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IMPERIAL CLUB
2751 N.E. 183RD ST.
NORTH MIAMI BEACH FL 33160**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCD**
NAME **MCCLLENAGHAN, MALCOLM REV.**
STREET ADDRESS **2020 BRADY LANE**
CITY - ST - ZIP **ROSEVILLE CA 95747**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D**
NAME **SCHWARTZ, GEORGE**
STREET ADDRESS **5407 8TH AVE.**
CITY - ST - ZIP **KENOSHA WI 53140**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **SD**
NAME **ROOS, RICHARD REV.**
STREET ADDRESS **3522 W. 55TH ST.**
CITY - ST - ZIP **INDIANAPOLIS IN 46208**

3.1 TITLE Change Addition
3.2 NAME **now VICE PRESIDENT**
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **TD**
NAME **MURRAY, JOSEPH**
STREET ADDRESS **3432 CLUB HOUSE DR.**
CITY - ST - ZIP **SACRAMENTO CA 95823**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D**
NAME **HALL, HATTYE MRS.**
STREET ADDRESS **1009 W. 38TH STREET**
CITY - ST - ZIP **INDIANAPOLIS FL 46208**

5.1 TITLE Change Addition
5.2 NAME **- now SECRETARY**
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D**
NAME **CHARLES KENDALL**
STREET ADDRESS **54 W. HUBBARD, 4th FL**
CITY - ST - ZIP **CHICAGO, IL 60610**

6.1 TITLE Change Addition
6.2 NAME **added in Mar 1995**
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Malcolm McClennaghan* **5-1-95** **916 786 8831**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional) Phone #
THE REV. M. MCCLLENAGHAN