


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90079 038 ****61.25

DOCUMENT # P38341

1. Entity Name
AFFORDABLE COMMUNITY HOUSING TRUST - ALPHA, INC.



Principal Place of Business
**7901 LARIVIERA DRIVE
 SACRAMENTO, CA 95826 US**

Mailing Address
**7901 LARIVIERA DRIVE
 SACRAMENTO, CA 95826 US**

50061513



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07252005 Chg-NP CR2E037 (10/03)

4. FEI Number
94-3130128

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**IMPERIAL CLUB
 2751 N.E. 183RD ST.
 NORTH MIAMI BEACH, FL 33160**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
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 7, 2005**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	CHARLES, MCCLAIN K MR.	
STREET ADDRESS	1932 HILMERTON CITRCL	
CITY-ST-ZIP	ROSEVILLE, CA 95747	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FLATT, JAY R	
STREET ADDRESS	111 7TH STREET	
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAPP, PHILIP	
STREET ADDRESS	6529 CLIFTON STREET	
CITY-ST-ZIP	CLIFTON, VA 20124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles K. McClain	
STREET ADDRESS	1932 Hilmerton Circle	
CITY-ST-ZIP	Roseville, CA 95747	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Philip Rapp	
STREET ADDRESS	6529 Clifton Road	
CITY-ST-ZIP	Clifton, VA 20124	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Philip Rapp	
STREET ADDRESS	6529 Clifton Road	
CITY-ST-ZIP	Clifton, VA 20124	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Chrisman	
STREET ADDRESS	6517 River Edge Road	
CITY-ST-ZIP	Dallas, TX 75024	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Johnston, DDS	
STREET ADDRESS	Spring Creek Med. Plaza, Suite 220	
CITY-ST-ZIP	Fort Collins, CO 80526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: John H. Mancano **John H. MANCANO, EXEC. DIRECTOR** 1/20/05 916-381-6921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #