

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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.



Principal Place of Business: 2020 BRADY LANE, ROSEVILLE CA 95757
Mailing Address: 2020 BRADY LANE, ROSEVILLE CA 95757

3. Date Incorporated or Qualified: 04/15/1992
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		94-3130128	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input checked="" type="checkbox"/>	
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	City & State		City & State		<input checked="" type="checkbox"/>	
24	24	25	25	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Zip		Country			
29	29	30	30			
	Zip		Country			

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				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLLENAGHAN, MALCOLM REV.			1.2 NAME			
STREET ADDRESS	2020 BRADY LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ROSEVILLE CA 95747			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARTZ, GEORGE			2.2 NAME			
STREET ADDRESS	5407 8TH AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	KENOSHA WI 53140			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROOS, RICHARD REV.			3.2 NAME			
STREET ADDRESS	3522 W. 55TH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN			3.4 CITY-ST-ZIP	ZIP = 46208		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRAY, JOSEPH			4.2 NAME			
STREET ADDRESS	3432 CLUB HOUSE DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	SACRAMENTO CA 95823			4.4 CITY-ST-ZIP	ZIP = 95823		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, HATTYE MRS.			5.2 NAME			
STREET ADDRESS	1009 W. 36TH STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS FL			5.4 CITY-ST-ZIP	ZIP = 46208		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENDALL, CHARLES			6.2 NAME			
STREET ADDRESS	54 W HUBBARD, 4TH FL			6.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			6.4 CITY-ST-ZIP	ZIP = 60610		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Malcolm Rev. McClenaghan* 2-20-96 916 786 8851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)