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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Feb 13 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997DOCUMENT #

P38341

54 W HUBBARD, 4TH FL

appears in Block 12 or Block 13 if changed, or on an attachment with an address

CHICAGO IL 60610

STREET ADDRESS

CITY-ST-ZIP

(4)

AFFORDABLE COMMUNITY HOUSING TRUST - ALPHA, INC.

Principal Place of Business Mailing Address 2020 BRADY LANE 2020 BRADY LANE ROSEVILLE CA 95747-9241 ROSEVILLE CA 95757 3a. Date of Last Report 03/14/1996 3. Date Incorporated or Qualified 04/15/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 94-3130128 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Fiorida Statutes Yes No

10. Name and Address of New Registered Agent 29 30 24 25 9. Name and Address of Current Registered Agent 81 Name IMPERIAL CLUB Street Address (P.O. Box Number is Not Acceptable) 82 2751 N.E. 183RD ST. 83 NORTH MIAMI BEACH FL 33160 City Zip Code 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) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. **PCD** DELETE 1.1 TITLE ☐ Change **Addition** TITLE NORM DE YOUNG 8921 HARVEST HILL WAY MCCLENAGHAN, MALCOLM REV. NAME 1.2 NAME 2020 BRADY LANE ELK GROVE, CA. 95624 STREET ADDRESS 1.3 STREET ADDRESS **ROSEVILLE CA 95747** 1.4 CITY - ST - ZIP CITY - ST - ZIP TITLE □ DELETE 2.1 TITLE Change Addition SCHWARTZ, GEORGE 2.2 NAME NAME STREET ADDRESS 5407 8TH AVE. 2.3 STREET ADDRESS KENOSHA WI 53140 2.4 CITY-ST-ZIP CITY-ST-7/P Addition DELETE Change TITLE 3.1 TITLE ROOS, RICHARD REV. 3.2 NAME NAME 3522 W. 55TH ST. STREET ADDRESS 3.3 STREET ADDRESS INDIANAPOLIS IN 46208 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TD 4.1 TITLE TITLE MURRAY, JOSEPH 4. 2 NAME NAME 3432 CLUB HOUSE DR. 4.3 STREET ADDRESS STREET ADDRESS SACRAMENTO CA 95823 CITY-ST-ZIF 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE HALL, HATTYE MRS. 5.2 NAME NAME 1009 W. 38TH STREET 5.3 STREET ADDRESS STREET ADDRESS INDIANAPOLIS FL 48208 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE KENDALL, CHARLES **6.2 NAME** NAME

SIGNATURE: SASSALD TYPED OF PRINTED NAME OF FIGURING OFFICER OF DIRECTOR DATE OF DIRECTOR DATE OF THE DAY OF T

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 617, Florida Statutes; and that my name