

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.



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| 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

| | |
|------------------------------------|---|
| 4. FEI Number 94-3130128 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
|------------------------------------|---|

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|---|---|
| 21. Principal Place of Business 2020 BRADY LANE | 2a. Mailing Address 2020 BRADY LANE |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. |
| 23. City & State ROSEVILLE, CA. | 28. City & State ROSEVILLE, CA. |
| 24. Zip 95747 | 25. Country PLACER |
| 29. Zip 95747 | 30. Country PLACER |

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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|--|
| 81. Name |
| 82. Street Address (P.O. Box Number Is Not Acceptable) |
| 83. |
| 84. City |
| 85. 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) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | PCD MCLENAGHAN, MALCOLM REV. | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2020 BRADY LANE | 1.2 NAME | |
| STREET ADDRESS | ROSEVILLE CA 95747 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | D SCHWARTZ, GEORGE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 6407 8TH AVE. | 2.2 NAME | |
| STREET ADDRESS | KENOSHA WI 53140 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | VP ROOS, RICHARD REV. | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3522 W. 55TH ST. | 3.2 NAME | |
| STREET ADDRESS | INDIANAPOLIS IN 46208 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | TD MURRAY, JOSEPH | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3432 CLUB HOUSE DR. | 4.2 NAME | |
| STREET ADDRESS | SACRAMENTO CA 95823 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | S HALL, HATTYE MRS. | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1009 W. 36TH STREET | 5.2 NAME | |
| STREET ADDRESS | INDIANAPOLIS FL 46208 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | D KENDALL, CHARLES | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 84 W HUBBARD, 4TH FL | 6.2 NAME | |
| STREET ADDRESS | CHICAGO IL 60610 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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: *Joseph O. Murray* JOSEPH O. MURRAY 4-28-98 (916) 424-9288

CR2E037 (10/97)