

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90065 046 ****61.25

DOCUMENT # F05000003286 1. Entity Name COLLEGIATE HOUSING FOUNDATION, INC.					
Principal Place of Business 411 JOHNSON AVE STE B FAIRHOPE, AL 36532			Mailing Address PO BOX 1385 FAIRHOPE, AL 36533		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 63-1173425	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COVEY, LEEMAN H 411 JOHNSON AVE STE B FAIRHOPE, AL 36532 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas M. Daly 8646 Glasgow Island Loop Edisto, SC 29438 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHTER, JOHN BROOKS DR. 440 HAMILTON AVE., STE. 302 WHITE PLAINS, NY 10601 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Flaherty- Goldsmith 4211 Clairmont Avenue Birmingham, AL 35223 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, JACK P. O. BOX 123 MOBILE, AL 36601 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHN B. HICKS P. O. BOX 20966 TUSCALOOSA, AL 35402 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Benjamin H. Covey</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-17-08 Daytime Phone #		

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