2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000003634

City-St-Zip:

ATLANTA, GA 30316

Entity Name: NUROCK HOUSING FOUNDATION I, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5920 ROSWELL RD., #B-107, 184 ATLANTA, GA 30328				227 SANDY SPRINGS CIRCLE., #D-103, 184 ATLANTA, GA 30328	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
5920 ROSWELL RD., #B-107, 184 ATLANTA, GA 30328			227 SANDY SPRINGS CIRCLE., #D-107, 184 ATLANTA, GA 30328		
FEI Number:	: 58-2187762	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
390 N. OR	ANGE AVE., #	/ICES OF CENTRAL FLORID/ I 100 US	4 ,		
	named entity s of Florida.	ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PS () HOSKINS, ROB 4148 WESTCHE ROSWELL, GA	ESTER DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VT () HOSKINS, SANI 4148 WESTCHE ROSWELL, GA	ESTER DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HOSKINS, ROB	. RD., #B-107, 184	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HOSKINS, RÒBI	. RD., #B-107, 184	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () CURLEY, ANNE		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT HOSKINS VP 04/30/2002