2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 AM
Secretary of State

DOCUMENT# N98000003243

Entity Name: COALITION OF AFFORDABLE HOUSING PROVIDERS, INC.

Current Principal Place of Business:

335 BEARD ST
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

335 BEARD ST
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-3518972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKROB, ROBERT
335 BEARD ST
TALLAHASSEE, FL 32303

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PLONSKIER, MARC S
Address: 120 FORBES BLVD.
City-St-Zip: MANSFIELD, MA

Title: SD ( ) Delete
Name: STEPHENS, LISA
Address: 5700 SW 34TH STREET, #1307
City-St-Zip: GAINESVILLE, FL

Title: VD ( ) Delete
Name: KOEHLER, DEBRA
Address: 6200 COUTNEY CAMPBELL CSWY., #600
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: MACLEISH-WHITE, ODETTA
Address: 4707 NW 53RD AVENUE, SUITE A
City-St-Zip: GAINESVILLE, FL

Title: TD ( ) Delete
Name: BELLNER, BETH
Address: 1124 E. SEMORAN BLVD.
City-St-Zip: APOPKA, FL

Title: D ( ) Delete
Name: BOGGIO, LLOYD
Address: 2837 SW 27TH AVE., #303
City-St-Zip: COCONUT GROVE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PLONSKIER, MARC S
Address: 120 FORBES BLVD.
City-St-Zip: MANSFIELD, MA

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: KOEHLER, DEBRA
Address: 6200 COUTNEY CAMPBELL CSWY., #600
City-St-Zip: TAMPA, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARC S PLONSKIER D 01/29/2002

Electronic Signature of Signing Officer or Director — Date