2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
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:

PO BOX 14629
TALLAHASSEE, FL 32317

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 US

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: C ( ) Delete
Name: BOGGIO, LLOYD
Address: 2950 SW 27 AVE., STE. 200
City-St-Zip: MIAMI, FL 33133

Title: VC ( ) Delete
Name: CULP, SCOTT
Address: 329 N PARK AVE., STE. 300
City-St-Zip: WINTER PARK, FL 32789

Title: T ( ) Delete
Name: COLVARD, ALISON
Address: 339 BARELLO LANE
City-St-Zip: COCOA BEACH, FL 32931

Title: S ( ) Delete
Name: CONGER, HEATHER
Address: 390 NORTH ORANGE AVE., STE. 1100
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: FEINBERG, HELEN
Address: 100 2ND AVE., S STE. 800
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D ( ) Delete
Name: DEUTCH, DAVID
Address: 9400 S. DADELAND BLVD., STE. 100
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 exemption stated 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 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: LLOYD BOGGIO C 04/02/2009

Electronic Signature of Signing Officer or Director — Date