2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2020
Secretary of State
9624434122CC

DOCUMENT# F08000000289

Entity Name: NATIONAL CENTER FOR HOUSING MANAGEMENT, INC.

Current Principal Place of Business:

333 NORTH FIRST ST
STE 305
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

333 NORTH FIRST ST
305
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 52-0955650

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR AND CHAIRPERSON
Name	FOX, WILLIAM FITZHUGH	Name	BURKE, WENDY
Address	622 NORTH WATER STREET STE 200	Address	622 NORTH WATER STREET STE 200
City-State-Zip:	MILWAUKEE WI 53202	City-State-Zip:	MILWAUKEE WI 53202
Title	DIRECTOR	Title	DIRECTOR
Name	FOLEY, CHRISTOPHER	Name	BURKE, KATHRYN
Address	622 NORTH WATER STREET STE 200	Address	622 NORTH WATER STREET STE 200
City-State-Zip:	MILWAUKEE WI 53202	City-State-Zip:	MILWAUKEE WI 53202
Title	DIRECTOR	Title	CEO
Name	BURKE, JOHN III	Name	BURKE, WENDY
Address	622 N. WATER STREET #200	Address	622 NORTH WATER STREET STE 200
City-State-Zip:	MILWAUKEE WI 33202	City-State-Zip:	MILWAUKEE WI 53202
Title	COO	Title	SECRETARY/ TREASURER
Name	VOTTO, PAUL R	Name	FOX, WILLIAM FITZHUGH
Address	622 NORTH WATER STREET STE 200	Address	622 NORTH WATER STREET STE 200
City-State-Zip:	MILWAUKEE WI 53202	City-State-Zip:	MILWAUKEE WI 53202

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I hereby 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 all other like empowered.

SIGNATURE: WILLIAM JAMES F EDDINGS CFO 01/15/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CFO
Name	EDDINGS, WILLIAM JAMES F
Address	333 NORTH FIRST ST 305
City-State-Zip:	JACKSONVILLE BEACH FL 32250