

2015 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F11000003440

Entity Name: FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.

Current Principal Place of Business:

319 OAK STREET
BEREA, KY 40403

Current Mailing Address:

PO BOX 908
BEREA, KY 40403

FEI Number: 31-0986871

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 P
Name KING, JAMES L
Address 319 OAK STREET
City-State-Zip: BEREa KY 40403

Title EXECUTIVE VICE PRESIDENT
Name JOHNSON, PAMELA G
Address 319 OAK STREET
City-State-Zip: BEREa KY 40403

Title EXECUTIVE VICE PRESIDENT
Name MORGAN, SARA ANNE
Address 319 OAK STREET
City-State-Zip: BEREa KY 40403

Title EXECUTIVE VICE PRESIDENT OF MEMBERSHIP
Name CAREW, THOMAS A.
Address 319 OAK STREET
City-State-Zip: BEREa KY 40403

Title BOARD OF DIRECTORS MEMBER
Name ARNOLD, COLIN MICHAEL
Address 319 OAK STREET
City-State-Zip: BEREa KY 40403

Title BOARD OF DIRECTORS MEMBER
Name BELDEN, JOSEPH N
Address 319 OAK STREET
City-State-Zip: BEREa KY 40403

Title BOARD OF DIRECTORS MEMBER
Name JACOBSON, KAREN COLLYER
Address 319 OAK STREET
City-State-Zip: BEREa KY 40403

Title BOARD OF DIRECTORS MEMBER
Name KEGLEY, GEORGE ANDREW
Address 319 OAK STREET
City-State-Zip: BEREa KY 40403

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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: SARA MORGAN

EXECUTIVE VICE
PRESIDENT

06/30/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD OF DIRECTORS MEMBER
Name KREHER, DAVID LEO
Address 319 OAK STREET
City-State-Zip: BERE A KY 40403

Title BOARD OF DIRECTORS
Name MARTYS, JOHN EDMOND
Address 319 OAK STREET
City-State-Zip: BERE A KY 40403

Title BOARD OF DIRECTORS MEMBER
Name MAYO, JACQLYNN WILLINGHAM
Address 319 OAK STREET
City-State-Zip: BERE A KY 40403

Title BOARD OF DIRECTORS MEMBER
Name SPEARS, KELLY
Address 319 OAK STREET
City-State-Zip: BERE A KY 40403

Title BOARD OF DIRECTORS MEMBER
Name LOEFFLER, DIANE NICOLE
Address 319 OAK STREET
City-State-Zip: BERE A KY 40403

Title BOARD OF DIRECTORS MEMBER
Name MAXSON, JUSTIN D
Address 319 OAK STREET
City-State-Zip: BERE A KY 40403

Title BOARD OF DIRECTORS MEMBER
Name MCREYNOLDS, RUSSELL SCOTT
Address 319 OAK STREET
City-State-Zip: BERE A KY 40403

Title BOARD OF DIRECTORS MEMBER
Name PAGE, LINA
Address 319 OAK STREET
City-State-Zip: BERE A KY 40403