

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000002192

Entity Name: NAHT/SAHF AFFORDABLE HOUSING COMMUNITIES 2019-2, INC.**FILED**
Mar 20, 2025
Secretary of State
2763892475CC**Current Principal Place of Business:**330 RUSH ALLEY
SUITE 620
COLUMBUS, OH 43215**Current Mailing Address:**330 RUSH ALLEY
SUITE 620
COLUMBUS, OH 43215 US**FEI Number: 84-2607705****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CT CORPORATION SYSEM
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	PRESIDENT
Name	LITTLE, LORI
Address	330 RUSH ALLEY SUITE 620
City-State-Zip:	COLUMBUS OH 43215

Title	TRUSTEE
Name	LITTLE, LORI
Address	330 RUSH ALLEY SUITE 620
City-State-Zip:	COLUMBUS OH 43215

Title	TREASURER
Name	BATES, DOUGLAS
Address	330 RUSH ALLEY SUITE 620
City-State-Zip:	COLUMBUS OH 43215

Title	TRUSTEE
Name	BATES, DOUGLAS
Address	330 RUSH ALLEY SUITE 620
City-State-Zip:	COLUMBUS OH 43215

Title	SECRETARY
Name	MICHAELS, DAVID S.
Address	330 RUSH ALLEY SUITE 620
City-State-Zip:	COLUMBUS OH 43215

Title	TRUSTEE
Name	MICHAELS, DAVID S.
Address	330 RUSH ALLEY SUITE 620
City-State-Zip:	COLUMBUS OH 43215

Title	VP, COMPLIANCE
Name	BRUMMETT, TAMARA J.
Address	330 RUSH ALLEY SUITE 620
City-State-Zip:	COLUMBUS OH 43215

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: TAMARA J. BRUMMETT**VICE PRESIDENT,
COMPLIANCE****03/20/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date