

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90053 009 ****70.00

40068218



04042008 Chg-NP CR2E037 (12/06)

DOCUMENT # 758826 1. Entity Name THE CENTER FOR AFFORDABLE HOUSING, INC.					
Principal Place of Business 2524 S. PARK DRIVE SANFORD, FL 32773 US			Mailing Address 2524 S. PARK DRIVE SANFORD, FL 32773 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2117429	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAYE, TREENA A 315 MAGNOLIA AVENUE SANFORD, FL 32771				7. Name and Address of New Registered Agent Name Kaye, Treena A. Street Address (P.O. Box Number is Not Acceptable) 2700 Richmond Avenue City Sanford, FL Zip Code 32773	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASWELL, SUSAN 20 ROSALIND AVENUE ORLANDO, FL 32802 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coulter, Gabriella <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2715 W. Fairbanks Avenue Winter Park, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLD, STEPHEN 2735 S.R. 434 LONGWOOD, FL 32779 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kaye, Treena A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2700 Richmond Avenue Sanford, FL 32773	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWEENEY, JOHN 693 PALM DRIVE OVIEDO, FL 32765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miller, Algerine <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1703 South West Road Sanford, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, STEPHEN 890 SUN DRIVE LAKE MARY, FL 32746 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nieves, Jacobo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2028 South West Road Sanford, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, CHARLIE P.O. BOX 420195 LAKE MONROE, FL 32747 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Beaulieu, Bruce <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 140103 Orlando, FL 32814	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RILEY, JUANITA P.O. BOX 607891 ORLANDO, FL 32860 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tina Demostere <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4901 Vineland Rd. - Ste. 500 Orlando, FL 32811	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Treena A. Kaye</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Treena A. Kaye			4/9/08 (407)322-3089 <small>Date Daytime Phone #</small>		