2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED **DOCUMENT #758826** 1. Entity Name 08 JUL 16 AM 7: 41 THE CENTER FOR AFFORDABLE HOUSING, INC. GEONE FART OF STATE Principal Place of Business Mailing Address ALL AHASSEE, FLORIDA 2524 S. PARK DRIVE 2524 S. PARK DRIVE SANFORD, FL 32773 SANFORD, FL 32773 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07092008 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2117429 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAYE, TREENA A 2700 RICHMOND AVE. Street Address (P.O. Box Number is Not Acceptable) SANFORD, FL 32773 Zip Code 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. 900133268499 07/22/08--01014--013 **61 **61.25 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE P<I<↑ □ Change ☐ Defete TITLE D NAME COULTER, GABRIELLA KAYE, TREEMA 2700 RICHMOND SANFORD, FL 32 NAME STREET ADDRESS 2715 W. FAIRBANKS AVE. STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition MILLER ALGERIENHE 1703 SOUTHWEST ROAD SANFORD, FL 32771 NAME COLD, STEPHEN NAME STREET ADDRESS 2735 S.R. 434 STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP TITLE □ Detete TITLE ☐ Change Addition MIEVES, TACOB, PASTOR 2028 SOUTH WEST POAD SANFORD, FL 32773 NAME SWEENEY, JOHN NAME STREET ADDRESS 693 PALM DRIVE STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change 4 Addition NAME BAKER, STEPHEN NAME BEAU IELL, BRUCE P.O. BOX 1401032814 STREET ADDRESS 890 SUN DRIVE STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL. 32746 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change T Addition MORGAN, CHARLIE GARDNER, LLOYD 450 SOUTH ORANGE ARLANDO, PL 32801 NAME NAME STREET ADDRESS P.O. BOX 420195 STREET ADDRESS CITY-ST-7IP LAKE MONROE, FL 32747 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME DEMOSTENE, TINA NAME STREET ADDRESS 4901 VINELAND RD, STE, 500 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP 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 supplier 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 pustee 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.

JOHN SWEENEY

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>7-11-08</u>

407-312-9604

SIGNATURE: