

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758826

FILED
Feb 11, 2009
Secretary of State

Entity Name: THE CENTER FOR AFFORDABLE HOUSING, INC.

Current Principal Place of Business:

2524 S. PARK DRIVE
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

2524 S. PARK DRIVE
SANFORD, FL 32773 US

New Mailing Address:

FEI Number: 59-2117429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAYE, TREENA A
2700 RICHMOND AVE.
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: COULTER, GABRIELLA
Address: 2715 W. FAIRBANKS AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: P () Delete
Name: COLD, STEPHEN
Address: 2735 S.R. 434
City-St-Zip: LONGWOOD, FL 32779

Title: V () Delete
Name: SWEENEY, JOHN
Address: 693 PALM DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: BAKER, STEPHEN
Address: 890 SUN DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: MORGAN, CHARLIE
Address: P.O. BOX 420195
City-St-Zip: LAKE MONROE, FL 32747

Title: D () Delete
Name: DEMOSTENE, TINA
Address: 4901 VINELAND RD. STE. 500
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SWEENEY, JOHN
Address: 693 PALM DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEPHEN COLD

P

02/11/2009

Electronic Signature of Signing Officer or Director

Date