

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90034 050 ***150.00

DOCUMENT # F04000006480

1. Entity Name
NTS REALTY CAPITAL, INC.



Principal Place of Business
**10172 LINN STATION ROAD
LOUISVILLE, KY 40223**

Mailing Address
**10172 LINN STATION ROAD
LOUISVILLE, KY 40223**

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0127711

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TV
NAME	PITCHFORD, DAVID B
STREET ADDRESS	10172 LINN STATION ROAD
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	EVP
NAME	WELLS, GREG
STREET ADDRESS	10172 LINN STATION ROAD
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	SV
NAME	HOWARD, SUSAN M
STREET ADDRESS	10172 LINN STATION ROAD
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	D
NAME	ANDERSON, MARK D
STREET ADDRESS	10350 ORMSBY PARK PLACE STE 602
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	D
NAME	DALY, JOHN
STREET ADDRESS	1441 GARDINER LANE
CITY-ST-ZIP	LOUISVILLE, KY 40213
TITLE	D
NAME	LENIHAN, JOHN
STREET ADDRESS	5000 CRITTENDEN DR
CITY-ST-ZIP	LOUISVILLE, KY 40209

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: Susan M. Howard, VP/Sec Susan M. Howard, VP/Sec 1/14/2008 (502) 426-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40019025

F04000006480

NTS REALTY CAPITAL, INC.

10. ADDITIONAL OFFICERS AND DIRECTORS:

TITLE: D/CHAIRMAN
NAME: J. D. NICHOLS
ADDRESS: 10172 LINN STATION ROAD
CITY/ST/ZIP: LOUISVILLE, KY 40223

TITLE: D/P
NAME: BRIAN F. LAVIN
ADDRESS: 10172 LINN STATION ROAD
CITY/ST/ZIP: LOUISVILLE, KY 40223

TITLE: SVP
NAME: ROSANN D. TAFEL
ADDRESS: 10172 LINN STATION ROAD
CITY/ST/ZIP: LOUISVILLE, KY 40223

TITLE: SVP
NAME: TIMOTHY A. BAKER
ADDRESS: 10172 LINN STATION ROAD
CITY/ST/ZIP: LOUISVILLE, KY 40223

TITLE: SVP
NAME: NEIL A. MITCHELL
ADDRESS: 10172 LINN STATION ROAD
CITY/ST/ZIP: LOUISVILLE, KY 40223