
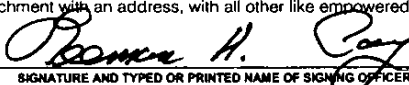


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90047 043 ****61.25

DOCUMENT # F05000003286 1. Entity Name COLLEGIATE HOUSING FOUNDATION, INC.					
Principal Place of Business 3613 STEIN STREET MOBILE, AL 36608			Mailing Address 3613 STEIN STREET MOBILE, AL 36608		
2. Principal Place of Business - No P.O. Box # 411 Johnson Avenue		3. Mailing Address P.O. Box 1385			
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. 			
City & State Fairhope, Alabama		City & State Fairhope, Alabama			
Zip 36532		Country USA		Zip 36533	
Country USA		4. FEI Number 63-1173425			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		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	P COVEY, LEEMAN H 3613 STEIN STREET MOBILE, AL 36608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Leeman H. Covey 411 Johnson Avenue, Suite B Fairhope, AL 36632	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHTER, JOHN BROOKS DR. 440 HAMILTON AVE., STE. 302 WHITE PLAINS, NY 10601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, JACK P. O. BOX 123 MOBILE, AL 36601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMBLE, STEPHEN M PO BOX 4017 WILMINGTON, DE 19807		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHN B. HICKS P. O. BOX 20966 TUSCALOOSA, AL 35402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			7-5-07 251-988-9340		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		