

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003286

FILED
Jan 27, 2010
Secretary of State

Entity Name: COLLEGIATE HOUSING FOUNDATION, INC.

Current Principal Place of Business:

411 JOHNSON AVENUE
SUITE B
FAIRHOPE, AL 36532

New Principal Place of Business:

Current Mailing Address:

PO BOX 1385
FAIRHOPE, AL 36533

New Mailing Address:

411 JOHNSON AVENUE
SUITE B
FAIRHOPE, AL 36532

FEI Number: 63-1173425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRES
Name: COVEY, LEEMAN H
Address: 411 JOHNSON AVE STE B
City-St-Zip: FAIRHOPE, AL 36532

Title: TREA
Name: SLAUGHTER, JOHN BROOKS DR.
Address: 440 HAMILTON AVE., STE. 302
City-St-Zip: WHITE PLAINS, NY 10601

Title: SEC
Name: EDWARDS, JACK
Address: P. O. BOX 123
City-St-Zip: MOBILE, AL 36601

Title: VP
Name: JOHN B. HICKS
Address: P. O. BOX 20966
City-St-Zip: TUSCALOOSA, AL 35402

Title: DIR
Name: DALY, THOMAS M
Address: 8646 GLASCOW ISLAND LOOP
City-St-Zip: EDISTO ISLAND, SC 29438

Title: DIR
Name: FLAHERTY-GOLDSMITH, LINDA
Address: 4211 CLAIRMONT AVENUE
City-St-Zip: BIRMINGHAM, AL 35222

I hereby 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 all other like empowered.

SIGNATURE: LEEMAN H. COVEY

PRES

01/27/2010

Electronic Signature of Signing Officer or Director

Date