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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003634 (1)**

1. Corporation Name

NUROCK HOUSING FOUNDATION I, INC.

Principal Place of Business

Mailing Address

**5920 ROSWELL RD., #B-107, 184
ATLANTA GA 30328**

**5920 ROSWELL RD., #B-107, 184
ATLANTA GA 30328-4913**



58-2187762

3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report 05/15/1996
4. FEI Number APPLIED FOR	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA,
390 N. ORANGE AVE., #1100
ORLANDO FL 32801**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PS
NAME	HOSKINS, ROBERT
STREET ADDRESS	4148 WESTCHESTER DR.
CITY-ST-ZIP	ROSWELL GA 30075
TITLE	VT
NAME	HOSKINS, SANDRA
STREET ADDRESS	4148 WESTCHESTER DR.
CITY-ST-ZIP	ROSWELL GA 30075
TITLE	D
NAME	HOSKINS, ROBERT G
STREET ADDRESS	5920 ROSWELL RD., #B-107, 184
CITY-ST-ZIP	ATLANTA GA 30328
TITLE	D
NAME	HOSKINS, ROBERT G
STREET ADDRESS	5920 ROSWELL RD., #B-107, 184
CITY-ST-ZIP	ATLANTA GA 30328
TITLE	D
NAME	CURLEY, ANNE
STREET ADDRESS	2000 BOULDERCREST RD.
CITY-ST-ZIP	ATLANTA GA 30316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Hoskins, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/97

Date

(770) 552-2070

Daytime Phone # 0075417

CR2E037 (9/96)