


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90034 040 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000003634					
1. Corporation Name NUROCK HOUSING FOUNDATION I, INC.					
Principal Place of Business 5920 ROSWELL RD., #B-107, 184 ATLANTA GA 30328			Mailing Address 5920 ROSWELL RD., #B-107, 184 ATLANTA GA 30328		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/27/1995 4. FEI Number 58-2187762 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution	

9. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA, 390 N. ORANGE AVE., #1100 ORLANDO FL 32801				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOSKINS, ROBERT			1.2 NAME			
STREET ADDRESS	4148 WESTCHESTER DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	ROSWELL GA 30075			1.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOSKINS, SANDRA			2.2 NAME			
STREET ADDRESS	4148 WESTCHESTER DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ROSWELL GA 30075			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOSKINS, ROBERT G			3.2 NAME			
STREET ADDRESS	5920 ROSWELL RD., #B-107, 184			3.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30328			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOSKINS, ROBERT G			4.2 NAME			
STREET ADDRESS	5929 ROSWELL RD., #B-107, 184			4.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30328			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CURLEY, ANNE			5.2 NAME			
STREET ADDRESS	2000 BOULDERCREST RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30316			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/1/99 7/333-5097

0081084

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CR2E037 (1/98)