

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003634

FILED
May 15, 2007
Secretary of State

Entity Name: NUROCK HOUSING FOUNDATION I, INC.

Current Principal Place of Business:

227 SANDY SPRINGS CIRCLE., #D-103, 184
ATLANTA, GA 30328

New Principal Place of Business:

Current Mailing Address:

227 SANDY SPRINGS CIRCLE., #D-107, 184
ATLANTA, GA 30328

New Mailing Address:

FEI Number: 58-2187762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENTRAL FLORIDA,
390 N. ORANGE AVE., #1100
ORLANDO, FL 32801 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: PS () Delete
Name: HOSKINS, ROBERT
Address: 4148 WESTCHESTER DR.
City-St-Zip: ROSWELL, GA 30075

Title: VT () Delete
Name: HOSKINS, SANDRA
Address: 4148 WESTCHESTER DR.
City-St-Zip: ROSWELL, GA 30075

Title: D () Delete
Name: HOSKINS, ROBERT G
Address: 5920 ROSWELL RD., #B-107, 184
City-St-Zip: ATLANTA, GA 30328

Title: D () Delete
Name: HOSKINS, ROBERT G
Address: 5929 ROSWELL RD., #B-107, 184
City-St-Zip: ATLANTA, GA 30328

Title: D () Delete
Name: CURLEY, ANNE,
Address: 2000 BOULDERCREST RD.
City-St-Zip: ATLANTA, GA 30316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT HOSKINS

MGR

05/15/2007

Electronic Signature of Signing Officer or Director

Date