

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 10, 2006  
Secretary of State**

DOCUMENT# F95000005981

Entity Name: SALEM HOUSING CORPORATION

**Current Principal Place of Business:**

500 FLOYD ROAD  
CALHOUN, GA 30701

**New Principal Place of Business:**

**Current Mailing Address:**

500 FLOYD ROAD  
CALHOUN, GA 30701

**New Mailing Address:**

FEI Number: 58-1849762      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:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DCP ( ) Delete  
Name: COWLEY, ALFRED H  
Address: 500 FLOYD ROAD  
City-St-Zip: CALHOUN, GA 30305

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

Title: D ( ) Delete  
Name: FOLKENBERG, DONALD L  
Address: 1136 ASCEND LANE  
City-St-Zip: HUDDLESTON, VA

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

Title: DST ( ) Delete  
Name: LIGHT, GARY  
Address: 1819 HUNTINGTON CHASE  
City-St-Zip: ATLANTA, GA 30305

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALFRED H. COWLEY

PRES

08/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date