


FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90253 048 ****61.25

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

DOCUMENT # N00000003412			
1. Entity Name VF AFFORDABLE HOUSING, INC.			
Principal Place of Business %COMMUNITY HOUSING PARTNERS CORP. 1520 W. MAIN ST. SUITE 200 RICHAMOND, VA 23220		Mailing Address P O BOX 4961 ORLANDO, FL 32802	
2. Principal Place of Business Community Housing Partners		3. Mailing Address 930 Cambria St. NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Christiansburg, VA	
Zip	Country	Zip	Country
24073	USA		
6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES OF CENTRAL FLORID 390 N ORANGE AVE STE 1100 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASPER, JANAKA L 930 CAMBRIA ST N E CHRISTIANBURG, VA 24073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, ROBERT J 1520 W MAIN ST STE 200 RICHMOND, VA 23220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOEDEL, THEODORE CENTER FOR HOUSING RESEARCH VA TECH M-0451 BLACKSBURG, VA 24061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REED, JEFFREY K 930 CAMBRIA STREET N E CHRISTIANBURG, VA 24073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, JANE 301 S COLLEGE TW-27 CHARLOTTE, NC 28280570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNA, DIXON 330 BURRUS HALL BLACKSBURG, VA 24060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ Jeffrey K. Reed		4/25/06 Date 540-392-2002 Daytime Phone #	

50018803



04142006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3652879

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required