2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N00000003412

1. Entity Name
VF AFFORDABLE HOUSING, INC.



FILED May 09, 2007 8:00 am Secretary of State 05-09-2007 90103 021 ****61.25

| Principal Place COMMUNITY 1520 W. MAI RICHAMOND, | Mailing Address 930 CAMBRIA ST NE CHRISTIANSBURG, VA | 24073 | | | 402~ | | | | | | | |
|---|--|----------------|--|-------------|---|-------------|--|--------------|------------|---------------|------------|--|
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | 930 Cambria S+ NE. Suite, Apt. #, etc. | | | —— <u> </u> | 4242007 CH | | 0005007 | 440400 | | |
| | ., | | | | | " | 4242001 C | ng-NP | CR2E037 | (12/06) | | |
| City & State | | | City & State | | | 4. | FEI Number 59-365287 | · | | | plied For | |
| | | | <u>Mastinsbu</u> | <u> </u> | , ver i paneda | | | | | | | |
| Zip Country . | | | 24073 | intry | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | | | |
| 6. Name and Address of Current R | | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| | | Name | | | ** | | | | | | | |
| B & C CORPORATE SERVICES OF CENTRAL FLORID 390 N ORANGE AVE STE 1100 ORLANDO, FL 32801 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| <u>.</u> | | | | | City | | | | FL | Zip Code | 9 | |
| 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 acc | | | | | | | | | | | and accent | |
| the obligations of registered agent. | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | |
| Filing Fee is \$61.25 9. Election Campai Due by May 1, 2007 Trust Fund Contr | | | | | | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | | | |
| 10. | | | | | | ADD | ITIONS/CHANG | ES TO OFFICE | RS AND DIR | CTORS IN | 10 | |
| TITLE | P | ☐ Delete TITLE | | | 1 | | | | Change | Addition | | |
| NAME STREET ADDRESS | CASPER, JANAKA L s 930 CAMBRIA ST N E | | | NAM. | et address | | | | | | | |
| CITY-ST-ZIP | | | | _ | -ST-ZIP | | | | | | | |
| TITLE | VP | | Delete | TITLE | · · · · · · · · · · · · · · · · · · · | V | | | | Change | Addition | |
| NAME | ADAMS, ROBERT J | | NAM NAM | | | Artze | Artze, Orlando | | | | | |
| STREET ADDRESS | 1520 W MAIN ST ST | E 200 | STRE | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | RICHMOND, VA 23220 | | | CITY | -ST-ZIP | | and VA Z | | | | | |
| TITLE | V | | ☐ Delete | TITLE | E | C | • | | | Change Change | ■ Addition | |
| NAME | KOEBEL, THEODORE | | | | E | | ,Theodore | | | | | |
| 1 | STREET ADDRESS CENTER FOR HOUSING RESEARCH VA.TECH M-0451 | | | | et address -st-zip | L | inites two | | ATECH | | | |
| CITY-ST-ZIP | BLACKSBURG, VA | 24001 | | _ | | Black | Sbyrg, VA | 24041 | | Change | - Addition | |
| TITLE NAME | ST REED, JEFFREY K | | ☐ Delete | TITLE | | | _ | | | Change | ☐ Addition | |
| STREET ADDRESS | 930 CAMBRIA STREET N E | | | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | CHRISTIANBURG, VA 24073 | | | | -ST-ZIP | | | | | | | |
| TITLE | D | □ Delete | ☐ Delete TITLE | | D | ** | | | Change | ☐ Addition | | |
| NAME | HENDERSON, JANE | <u> </u> | | E | | son, Jane | | , | • | | | |
| STREET ADDRESS | | | | STRE | EET ADDRESS Rowle 1, Box 573 C | | | | | | | |
| CITY-ST-ZIP | ZIP CHARLOTTE, NC 282880570 | | | | -ST-ZIP | Catar | rba, VA 2 | 4010 | | | | |
| TITLE | D | | Delete | | | D | | | | ☐ Change | Addition A | |
| NAME | HANNA, DIXON | | NAM | | Gooder | n,Suson | | | | | | |
| STREET ADDRESS | | | | | ET ADDRESS | 2705 | 7, SHSON Blue LAK | LDAYE | | | | |
| CITY-ST-ZIP | BLACKSBURG, VA | 24060 | | CITY | - ST - ZIP | Richa | and, VA | 23220 | | | | |

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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

540- 38 2- 20 a 2 Daytime Phone #