


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000001006**

1. Entity Name  
**URBAN LEAGUE HOUSING FOUNDATION, INC.**



Principal Place of Business      Mailing Address

**8500 NW 25 AVE**      **8500 NW 25 AVE**  
**MIAMI, FL 33147**      **MIAMI, FL 33147**

**DO NOT WRITE IN THIS SPACE**



04152007 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
**20-1493270**      Not Applicable

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

6. Name and Address of Current Registered Agent

**WASHINGTON, LYNN C**  
**701 BRICKELL AVE, STE 2800**  
**MIAMI, FL 33131**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FAIR, TALMADGE W
STREET ADDRESS	8500 NW 25 AVE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	PRICE, CORDELL
STREET ADDRESS	8500 NW 25 AVE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	PAYNE, LINDA
STREET ADDRESS	8500 NW 25 AVE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 empowerment.

SIGNATURE: *Talmdge W. Fair*      Date: *04/16/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #