


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90032 002 ****61.25

DOCUMENT # N01000002130 1. Entity Name CENTRAL FLORIDA BETA HOUSING CORPORATION	
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Principal Place of Business 1800 33RD STREET, STE. 202 ORLANDO, FL 32839	Mailing Address P.O. BOX 941034 MAITLAND, FL 32794
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DO NOT WRITE IN THIS SPACE



02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3714529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FARMER, DANIEL H
413 SUMMIT RIDGE PLACE
APT. 107
LONGWOOD, FL 32779**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee Is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FARMER, DANIEL H 413 SUMMIT RIDGE PLACE, APT. 107 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BAUER, CHRIS P O BOX 2500 ORLANDO, FL 32816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTLEY, CARL W JR 200 S ORANGE AVE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **3-28-05** **407-441370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #