



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90112 049 ****61.25

DOCUMENT # N01000002130 1. Entity Name CENTRAL FLORIDA BETA HOUSING CORPORATION					
Principal Place of Business 1800 33RD STREET, STE. 202 ORLANDO, FL 32839				Mailing Address P.O. BOX 941034 MAITLAND, FL 32794	
2. Principal Place of Business 1724 33RD Street Suite, Apt. #, etc. Suite 200		3. Mailing Address P.O. Box 141241 Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 59-3714529	
Zip 32839		Country USA		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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 903 Fern Avenue City Orlando FL 32814	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE PSTD NAME FARMER, DANIEL H STREET ADDRESS 413 SUMMIT RIDGE PLACE, APT. 107 CITY-ST-ZIP LONGWOOD, FL 32779	<input type="checkbox"/> Delete				
TITLE D NAME BAUER, CHRIS STREET ADDRESS P O BOX 2500 CITY-ST-ZIP ORLANDO, FL 32816	<input type="checkbox"/> Delete				
TITLE D NAME HARTLEY, CARL W JR STREET ADDRESS 200 S ORANGE AVE CITY-ST-ZIP ORLANDO, FL 32801	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
903 Fern Avenue Orlando FL 32814					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 3-7-06 Daytime Phone # 407-996-3600					