2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000004237



FILED Jan 18, 2005 8:00 am Secretary of State

1. Entity Name THE NATIONAL ASSOCIATION FOR MULTIHOUSING MINISTRIES & CONGREGATIONS, INC.						(01-18-2005	90036 04	10 ****7	0.00	
Principal Place of Business 2930 FLOWERS RD ATLANTA, GA 30341		Mailing Address 2930 FLOWERS RD ATLANTA, GA 30341		A0001\PT							
2. Principal F	Place of Business	1 3	Mailing Address	<u>.</u>							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005 C	hg-NP	CR2E037	(10/03)				
City & State		City & State			4. FEI Number 65-11006	10			plied For ot Applicable		
Zip	Zip Country		Zip	Country		5. Certificate of S	tatus Desired		8.75 Add		
	6. Name and Add	ress of Current Reg	istered Agent	1		7. Name and Ad-	dress of New R				
GREGORY, LINDA				Name							
130 GARFIELD ROAD DELTONA, FL 32725			Street Address		Address (F	P.O. Box Number is	Not Acceptable)			
DELIGITA	, 1 L 02120						,				
				City				FL	Zip Code	e	
8. The above the obligat	named entity submits tions of registered ager	this statement for the nt.	purpose of changing its	egistered office of	or register	ed agent, or both, ir	the State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed nar	me of registered agent and th	te if applicable. (NOTE:	Registered Agent signs	dure required	when reinstating)		DATE			
SIGNATURE	Signature, typed or printed na Filling Fee is \$6 Due by May 1, 2	1.25		paign Financing	· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be Added to Fees		DATE Bike check (da Departi			
10.	Filing Fee is \$6 Due by May 1, 2	1.25	9. Election Cam Trust Fund C	paign Financing		\$5.00 May Be	Flori	ake check da Departi	nent of St	ate	
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I hereby certify that the information supplied with this filling 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.