

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000004237**

1. Entity Name  
**THE NATIONAL ASSOCIATION FOR MULTIHousing  
MINISTRIES & CONGREGATIONS, INC.**



Principal Place of Business  
**2930 FLOWERS RD  
ATLANTA, GA 30341**

Mailing Address  
**2930 FLOWERS RD  
ATLANTA, GA 30341**



01242006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1100610**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GREGORY, LINDA  
130 GARFIELD ROAD  
DELTONA, FL 32725**

**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

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEINER, CLARENCE 2170 JONESBORO ROAD MCDONOUGH, GA 30253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILDER, DAWN 50 BAPTIST MINISTRIES KANSAS CITY, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC FORD, GREG 18C SPRINGFIELD LAKE SPRINGDALE, AR 72764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A THOMAS, LARRY 3474 SO MERIDIAN WICHITA, KS 67217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLIRONS, JAMES H JR 2830 FLOWERS RD S ATLANTA, GA 30341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREGORY, LINDA 130 GARFIELD RD DELTONA, FL 32725

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04/28/06-80010-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**