

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

FILED
Jan 29, 2007 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**



01242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1100610	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

**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, 2007**

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILDER, DAWN SO BAPTIST MINISTRIES KANSAS CITY, KS
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC FORD, GREG 18C SPRINGFIELD LAKE SPRINGDALE, AR 72764
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	A THOMAS, LARRY 3474 SO MERIDIAN WICHITA, KS 67217
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLIRONS, JAMES H JR 2930 FLOWERS RD S ATLANTA, GA 30341
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREGORY, LINDA 130 GARFIELD RD DELTONA, FL 32725
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01/31/07-80038-022 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clarence F. Steiner
24 January 2007

Date

Daytime Phone #