2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2007
Secretary of State

DOCUMENT# N06000006179

Entity Name: CATHOLIC CHARITIES OF CENTRAL FLORIDA HOUSING, INC.

Current Principal Place of Business:

1771 NORTH SEMORAN BLVD
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

1771 NORTH SEMORAN BLVD
ORLANDO, FL 32807

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSTAMANTE, III, ALBERTO S ESQUIRE
BAKER & HOSTETLER LLP, SUN TRUST CENTER
200 SOUTH ORANGE AVENUE, SUITE 2300
ORLANDO, FL 328020112 US

Name and Address of New Registered Agent:

NELSON, ARNE J
1771 N. SEMORAN BLVD.
ORLANDO, FL 32807 US

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.

SIGNATURE: ARNE J. NELSON 05/20/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BAER, MARY
Address: 3810 KINSLEY PLACE
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: BANGS, TERRY
Address: 615 VIA LUGANO
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: BATTAGLIA, MIKE
Address: 2600 PINE GLEN COURT
City-St-Zip: ORLANDO, FL 32833

Title: D ( ) Delete
Name: BEACH, DOUGLAS E PH.D.
Address: 1637 WHITE DOVE DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: BLANCHETTE, MARILYN
Address: PO BOX 1800
City-St-Zip: ORLANDO, FL 32802

Title: D ( ) Delete
Name: BROWN, ROBERT REV.
Address: 1501 N ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNE J. NELSON PRES 05/20/2007
Electronic Signature of Signing Officer or Director — Date