2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000004456

1. Entity Name
NONPROFIT HOUSING ROUNDTABLE OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
1950 GERONIMO TRAIL MAITLAND, FL 32751	P.O. BOX 948006 MAITLAND, FL 32794-8006

02212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3223261
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE.
SUITE 1100
ORLANDO, FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

HOU000177535
03/08/06-80077-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MKATIE, PORTA
STREET ADDRESS	P.O. BOX 1300
CITY-ST-ZIP	APOPKA, FL 32704
TITLE	PD
NAME	ANSLEY, BOB
STREET ADDRESS	100 SOUTH ORANGE AVE., 7TH FLOOR
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	VPD
NAME	LAUBSCHER, LOUIS
STREET ADDRESS	1211 ORANGE AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	SD
NAME	ZIMMERMAN, SCOTT
STREET ADDRESS	6023 WINEGARD RD
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	D
NAME	MORTON, BARBARA
STREET ADDRESS	PO BOX 4963
CITY-ST-ZIP	ORLANDO, FL 32802
TITLE	D
NAME	DUTES, FRANTZ
STREET ADDRESS	525 E SOUTH ST
CITY-ST-ZIP	ORLANDO, FL 32801

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: _____ 3/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #