


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

FILED
Apr 04, 2007 8:00 am
Secretary of State

03-27-2007 90019 022 ****61.25

DOCUMENT # N93000004456 1. Entity Name NONPROFIT HOUSING ROUNDTABLE OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 1950 GERONIMO TRAIL MAITLAND, FL 32751	Mailing Address P.O. BOX 948006 MAITLAND, FL 32794-8006
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DO NOT WRITE IN THIS SPACE



03142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3223261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MKATIE, PORTA P.O. BOX 1300 APOPKA, FL 32704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANSLEY, BOB 100 SOUTH ORANGE AVE., 7TH FLOOR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAUBSCHER, LOUIS 1211 ORANGE AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZIMMERMAN, SCOTT 6023 WINEGARD RD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, BARBARA PO BOX 4963 ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUTES, FRANTZ 525 E SOUTH ST ORLANDO, FL 32801

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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: *Bob Ansley* President 4/2/07 407-889-4530

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR