


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000004456 1. Entity Name NONPROFIT HOUSING ROUNDTABLE OF CENTRAL FLORIDA, INC.	
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FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business 1950 GERONIMO TRAIL MAITLAND, FL 32751	Mailing Address P.O. BOX 948006 MAITLAND, FL 32794-8006
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07092008 No Chg-NP CR2E037 (4/06)

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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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8. The above named entity submits this statement for the purpose of changing its registered offices 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 reinstating) DATE _____

**Filing Fee is \$61.25
 Due by September 12, 2008**

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	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

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07/14/08-80007-016 61.25

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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: John Hazelroth, Administrative 7-10-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #