

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004456

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

1950 GERONIMO TRAIL
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 948006
MAITLAND, FL 327948006

New Mailing Address:

FEI Number: 59-3223261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MKATIE, PORTA
Address: P.O. BOX 1300
City-St-Zip: APOPKA, FL 32704

Title: PD () Delete
Name: ANSLEY, BOB
Address: 100 SOUTH ORANGE AVE., 7TH FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: VPD () Delete
Name: LAUBSCHER, LOUIS
Address: 1211 ORANGE AVE
City-St-Zip: WINTER PARK, FL 32789

Title: SD () Delete
Name: ZIMMERMAN, SCOTT
Address: 6023 WINEGARD RD
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: MORTON, BARBARA
Address: PO BOX 4963
City-St-Zip: ORLANDO, FL 32802

Title: D () Delete
Name: DUTES, FRANTZ
Address: 525 E SOUTH ST
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PORTA, KATIE
Address: P.O. BOX 1300
City-St-Zip: APOPKA, FL 32704

Title: PPD (X) Change () Addition
Name: ANSLEY, BOB
Address: 100 SOUTH ORANGE AVE., 7TH FLOOR
City-St-Zip: ORLANDO, FL 32801

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: KATIE PORTA

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date