

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN 26 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N95000004342*

1. Corporation Name

**NATIONAL COALITION FOR AFFORDABLE HOUSING,
INC.**

Principal Place of Business

Mailing Address

**1060 OREGON CT.
SARASOTA FLA. 34236**

3. Date Incorporated or Qualified

4. FEI Number

65-0712465

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LONNIE WARD, JR.
1060 OREGON Ct.
SARASOTA FLA. 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **LONNIE WARD, JR.**

JUNE 26, 1998

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **LONNIE WARD, JR.**
STREET ADDRESS **1060 OREGON CT.**
CITY - ST - ZIP **SARASOTA FLA. 34236**

1.2 NAME
1.3 STREET ADDRESS **700002574097--1**
1.4 CITY - ST - ZIP **-06/29/98--01001--010**
******183.75 *****61.25**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **D FLORA TROUPE**
STREET ADDRESS **1060 OREGON CT**
CITY - ST - ZIP **SARASOTA FLA 34236**

2.2 NAME
2.3 STREET ADDRESS **700002574097--1**
2.4 CITY - ST - ZIP **-06/29/98--01001--011**
*******26.25 *****8.75**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **JAMES E. WARD**
STREET ADDRESS **1060 OREGON CT.**
CITY - ST - ZIP **SARASOTA FLA. 34236**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **LONNIE WARD, JR.**

JUNE 26, 1998 (941) 3552994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)