		# N95000	)0043	82				<b>P</b> <sup>1</sup> 11 <b>P</b> <sup>2</sup> <b>P</b>		
1. Entity Name NATIONAL COALITION FOR AFFORDABLE HOUSING INC.							FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
								24 AM ID: 58	0	
Principal Place of Business 1190 52ND STREET SARASOTA FL 34234			Mailing Address 1180 52ND STREET SARASOTA FL 34234				C4 HIIU-J0			
			la Mail	ing Address		- <b>-</b>				
2. Principal Pla					,		1 [301(101 010 1010)			IŞ ILƏL ISSI
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
		City & State				4. FEI Number NOT APPLICABLE Applied For Not Applicable			t Applicable	
Zip		Country	Zip		Cour	ntry '	5. Certificate of Stat	<u> </u>	\$8.75 Add Fee Required	litional d
	6. Name	and Address of Curr	ent Registere	ed Agent		Name	7. Name and Addre	ess of New Registered	Agent	
WARD, LONNIE JR.						Street Address (P.O. Box Number is Not Acceptable)				
1180 52ND SARASOTA	STREET									
						City		FL	Zip Code	
the obligation	Signature, typed o			9. Election Ca	TE: Registered	d Agent signature red	istered agent, or both, in th guired when reinstating) \$5.00 May Be	DATE Make Chec	k Payable	to
the obligations of the obligation of the obligation of the second	Signature, typed of After Septe	ered agent.		olicable. (NO	TE: Registered	d Agent signature red	suired when reinstating) \$5.00 May Be Added to Fees	DATE Make Chec Departme	k Payable ent of State	to
the obligation SIGNATURE _	Signature, typed ( After Septi min. will	ered agent. or printed name of registered a sember 13, 2002,	gent and title if app	olicable (NO 9. Election Ca Trust Fund	TE: Registered	d Agent signature rec inancing ion.	suired when reinstating) \$5.00 May Be Added to Fees	DATE Make Chec	k Payable ent of State	to
the obligation SIGNATURE _ 10. TITLE NAME	Signature, typed of After Septo min. will PSD WARD, LO	or printed name of registered a comber 13, 2002, I be \$236.25. OFFICERS AND NNIE JR.	gent and title if app	olicable. (NO <b>9.</b> Election Ca Trust Fund	TE: Registered ampaign Fi Contributi <b>11.</b> TITLE NAME	d Agent signature rec inancing ion.	suired when reinstating) \$5.00 May Be Added to Fees	DATE Make Chec Departme	k Payable ant of State	to 2
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