

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003265

1. Entity Name
COASTAL AFFORDABLE HOUSING, INC.



Principal Place of Business
THE NHP FOUNDATION
1090 VERMONT AVE., N.W., SUITE 400
WASHINGTON, DC 20005

Mailing Address
THE NHP FOUNDATION
1090 VERMONT AVE., N.W., SUITE 400
WASHINGTON, DC 20005



DO NOT WRITE IN THIS SPACE

01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
52-2040042

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MEHRETEAB, GHEBRE S
1090 VERMONT AVENUE, N.W., SUITE 400
WASHINGTON, DC 20005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
WIEDORFER, JOSEPH P
1090 VERMONT AVE., N.W. SUITE 400
WASHINGTON, DC 20005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
LEFFALL, III, LA SALLE D
1090 VERMONT AVE., N.W. SUITE 400
WASHINGTON, DC 20005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
GOLLUB, RICHARD A
1090 VERMONT AVE., N.W., SUITE 400
WASHINGTON, DC 20005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000355599
05/03/05-80153-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD GOLLUB

4/29/2005

202-789-5300

Date

Daytime Phone #