

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90389 046 ****61.25

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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

40057640



DO NOT WRITE IN THIS SPACE

01042006 No Chg-NP

CR2E037 (11/05)

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

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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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Joseph P. Wiedorfer

JOSEPH P. WIEDORFER, VICE PRESIDENT

4/19/2006

202 789 5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #