



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90055 034 \*\*\*\*61.25

<b>DOCUMENT # N97000003265</b> 1. Entity Name <b>COASTAL AFFORDABLE HOUSING, INC.</b>					
Principal Place of Business <b>THE NHP FOUNDATION 1090 VERMONT AVE., N.W., SUITE 400 WASHINGTON, DC 20005</b>			Mailing Address <b>THE NHP FOUNDATION 1090 VERMONT AVE., N.W., SUITE 400 WASHINGTON, DC 20005</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>52-2040042</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>DP</b> <input type="checkbox"/> Delete <b>MEHRETEAB, GHEBRE S</b> STREET ADDRESS <b>1090 VERMONT AVENUE, N.W., SUITE 400</b> CITY-ST-ZIP <b>WASHINGTON, DC 20005</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<b>VPSD</b> <input type="checkbox"/> Delete <b>WIEDORFER, JOSEPH P</b> STREET ADDRESS <b>1090 VERMONT AVE., N.W. SUITE 400</b> CITY-ST-ZIP <b>WASHINGTON, DC 20005</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<b>DVP</b> <input checked="" type="checkbox"/> Delete <b>LEFFALL, III, LA SALLE D</b> STREET ADDRESS <b>1090 VERMONT AVE., N.W. SUITE 400</b> CITY-ST-ZIP <b>WASHINGTON, DC 20005</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> Delete <b>GOLLUB, RICHARD A</b> STREET ADDRESS <b>1090 VERMONT AVE., N.W., SUITE 400</b> CITY-ST-ZIP <b>WASHINGTON, DC 20005</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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.					
<b>SIGNATURE:</b> 			<b>JOSEPH P. WIEDORFER</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1/12/2007</b> Daytime Phone # <b>202 789 5300</b>		