2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 A
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

01162008 No Chg-NP CR2E037 (4/06)

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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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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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

000000864859
04/07/08-80004-016 61.25

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	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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 1/25/08 202-789-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #