

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003243

FILED
Apr 13, 2007
Secretary of State

Entity Name: COALITION OF AFFORDABLE HOUSING PROVIDERS, INC.

Current Principal Place of Business:

335 BEARD ST
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14629
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3518972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKROB, ROBERT
335 BEARD ST
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FRIEDMAN, MITCHELL
Address: 9400 S DADELAND BLVD, STE 100
City-St-Zip: MIAMI, FL 33156

Title: SD () Delete
Name: STEPHENS, LISA
Address: 20725 SW 46TH AVENUE
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: BLINDERMAN, DEBBIE
Address: 516 NE 13TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VD () Delete
Name: CULP, SCOTT
Address: 1551 SANDSPUR ROAD
City-St-Zip: MAITLAND, FL 32751

Title: TD () Delete
Name: COLVARD, ALISON
Address: 339 BARRELLO LANE
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: TATREAU, KEVIN
Address: 2002 N LOIS AVE. STE 150
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL FRIEDMAN

CK

04/13/2007

Electronic Signature of Signing Officer or Director

Date