# 2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003440

Entity Name: FEDERATION OF APPALACHIAN HOUSING ENTERPRISES,

INC.

# **Current Principal Place of Business:**

319 OAK STREET BEREA, KY 40403

# **Current Mailing Address:**

**PO BOX 908** 

BEREA, KY 40403

FEI Number: 31-0986871

Certificate of Status Desired: No

**FILED** Jan 07, 2015

**Secretary of State** 

CC1532697790

# Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 US

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

# Officer/Director Detail:

Title Title VΡ

Name KING, JAMES Name JOHNSON, PAMELA G Address 319 OAK STREET Address 319 OAK STREET City-State-Zip: BEREA KY 40403 City-State-Zip: BEREA KY 40403

Title Title S

Name MORGAN, SARA A Name CAREW, THOMAS Address 319 OAK STREET Address 319 OAK STREET City-State-Zip: BEREA KY 40403 City-State-Zip: BEREA KY 40403

I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: SARA MORGAN

**SECRETARY** 

01/07/2015