

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90073 007 ***150.00

DOCUMENT # 269676

1. Entity Name

CHURCH HOUSING CORP.

Principal Place of Business

Mailing Address

**222 MENORES AVENUE
 CORAL GABLES FL 33134**

**222 MENORES AVENUE
 CORAL GABLES FLA 33134-3906**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1003257**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRASKA, CHRISTINE
~~16444 SW 294TH STREET~~ *223 Mendoga Ave.*
~~HOMESTEAD FL 33033~~ *Apt. 1*
Coral Gables, Fl. 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00 -
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	KRASKA, JOHN	
STREET ADDRESS	16444 SW 294TH STREET <i>215 Mendoga Ave.</i>	
CITY-ST-ZIP	HOMESTEAD FL 33033 <i>Coral Gables Fl 33134</i>	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRASKA, CHRISTINE	
STREET ADDRESS	16444 S.W. 294 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KASCHYK, STEVE	
STREET ADDRESS	9831 S.W. 110 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	VIVIAN, ANDERSON	
STREET ADDRESS	3920 ANDERSON ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BETANCOURT, ESPERANZA	
STREET ADDRESS	6282 SW 44TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
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"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steve Kaschyk
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 5, 2000
 Date Daytime Phone #

CR2E034 (9/99)