


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90016 004 \*\*\*158.75

**DOCUMENT # 269676**  
 1. Entity Name  
**CHURCH HOUSING CORP.**



Principal Place of Business      Mailing Address  
 222 MENORES AVENUE      222 MENORES AVENUE  
 CORAL GABLES, FL 33134      CORAL GABLES, FL 33134

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



01102004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1003257**      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KRASKA, CHRISTINE**  
**223 MENDOZA AVE**  
**CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent  
 Name: **Barbara T. Griffin**  
 Street Address (P.O. Box Number is Not Acceptable):  
**8340 S.W. 48th St.**  
 City: **Miami**      FL      Zip Code: **33155**

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: *Barbara T. Griffin*      DATE: **3-10-04**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: GRIFFIN, S. D. STREET ADDRESS: 8340 SW 48TH ST. CITY-ST-ZIP: MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE: VD NAME: Griffin, S.D. STREET ADDRESS: 8340 S.W. 48th St. CITY-ST-ZIP: Miami, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: WILSON, CLAUDE STREET ADDRESS: 5607 RIVIERA DRIVE CITY-ST-ZIP: CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Cruz, Erasmo STREET ADDRESS: 1901 S.W. 33 Ave. CITY-ST-ZIP: Miami, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: WILSON, CLAUDE STREET ADDRESS: 5607 RIVIERA DRIVE CITY-ST-ZIP: CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE: D NAME: Wilson, Claude STREET ADDRESS: 5607 Riviera Drive CITY-ST-ZIP: Coral Gables, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: FIGUEROA, SAADIA STREET ADDRESS: 11050 SW 70TH TERRACE CITY-ST-ZIP: MIAMI, FL 33173	<input type="checkbox"/> Delete	TITLE:      NAME:      STREET ADDRESS:      CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:      NAME:      STREET ADDRESS:      CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: D NAME: Rodriguez, Tony STREET ADDRESS: 15615 N.W. 12th Ct. CITY-ST-ZIP: Pembroke Pines, FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:      NAME:      STREET ADDRESS:      CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE:      NAME:      STREET ADDRESS:      CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S.D. Griffin*      DATE: **3-10-04**      DAYTIME PHONE #: **(305) 446-6132**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR