

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 269676

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: CHURCH HOUSING CORP.

**Current Principal Place of Business:**

222 MENORES AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

222 MENORES AVENUE  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 59-1003257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIFFIN, BARBARA T  
8340 S.W. 48TH ST.  
MIAMI, FL 33155 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: GRIFFIN, S. D.  
Address: 8340 SW 48TH ST.  
City-St-Zip: MIAMI, FL 33155

Title: PD ( ) Delete  
Name: ERASMO, CRUZ  
Address: 1901 SW 33 AVE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: MORENO, MIGUEL  
Address: 10121 NW 57TH TERRACE  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: GENOVA, ANTHONY  
Address: 290 MADEIRA AVE. APT. 2  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: PEREZ, SILVIA  
Address: 3330 S.W. 105 AVE  
City-St-Zip: MIAMI, FL 33165

**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: S (X) Change ( ) Addition  
Name: PEREZ, SILVIA  
Address: 3330 S.W. 105 AVE  
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERASMO J. CRUZ

PD

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date