

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 28, 2014
Secretary of State
CC6366733476

Entity Name: COMMUNITY HOUSING SOLUTIONS, INC.

Current Principal Place of Business:

4730-6TH AVE. SO.
ST. PETERSBURG, FL 33711

Current Mailing Address:

P.O. BOX 13711
ST. PETERSBURG, FL 33733

FEI Number: 26-2812074

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH, GEORGE B
4754-ALCAZAR WAY SO.
ST. PETERSBURG, FL 33712 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 D
Name AQUIL, ASKIA M
Address 4730-6TH AVE. SO.
City-State-Zip: ST. PETERSBURG FL 33711

Title D
Name SMITH, GEORGE B
Address P.O. BOX 13711
City-State-Zip: ST. PETERSBURG FL 33733

Title D
Name NELSON, BRENDA
Address P.O. BOX 13711
City-State-Zip: ST. PETERSBURG FL 33733

Title DIRECTOR
Name DEPUGH, ROBERT
Address P.O. BOX 13711
City-State-Zip: ST. PETERSBURG FL 33733

Title DIRECTOR
Name HUBBARD, JACQUELINE W
Address P.O. BOX 13711
City-State-Zip: ST. PETERSBURG FL 33733

Title DIRECTOR
Name EVANS, GENE
Address P.O. BOX 13711
City-State-Zip: ST. PETERSBURG FL 33733

Title DIRECTOR
Name HAYNES II, WATSON L
Address P.O. BOX 13711
City-State-Zip: ST. PETERSBURG FL 33733

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.

SIGNATURE: ASKIA MUHAMMAD AQUIL

CHAIRMAN, BOARD OF DIRECTORS

08/28/2014

Electronic Signature of Signing Officer/Director Detail

Date