

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005593

**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: No**

**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

*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**

**DIRECTOR, PRESIDENT**

**05/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date