

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004882

**Entity Name:** CHRISTIAN HOME ALTERNATIVES, INC.**Current Principal Place of Business:**1140 SW MARIGOLD PLACE  
FORT WHITE, FL 32038**Current Mailing Address:**1140 SW MARIGOLD PLACE  
FORT WHITE, FL 32038 US**FEI Number:** 46-0659641**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHACON, REYFREDO REV.  
1140 SW MARIGOLD PLACE  
FORT WHITE, FL 32038 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            PRESIDENT  
Name            CORTES, LUZ Z REV.  
Address        1140 SW MARIGOLD PLACE  
City-State-Zip: FORT WHITE, FL 32038

Title            VICE PRESIDENT 2  
Name            PRIMALLES, JUAN C MINISTER  
Address        25914 NW 182 AVE.  
City-State-Zip: HIGH SPRINGS FL 32643

Title            AT LARG - FINANCIAL CONSULTANT  
Name            ROLLBERG, CONNIE MINISTER  
Address        420 SOUTH ORANGE AVE.  
SUITE 150  
City-State-Zip: ORLANDO FL 32801

Title            AT LARGE - EXECUTIVE SECRETARY  
Name            RIVERA, EDDIE PASTOR  
Address        556 SOUTH STREET  
City-State-Zip: HOLYOKE MA 01040

Title            VICE PRESIDENT 1  
Name            GONZALEZ, ELIEZER DR.  
Address        164 SW LANTANA COURT  
City-State-Zip: FORT WHITE FL 32038

Title            TREASURER  
Name            CHACON, REYFREDO REV.  
Address        30 CHAPIN STREET  
City-State-Zip: HOLYOKE MA 01040

Title            AT LARG - MEDIA CONSULTANT  
Name            JOHNSON, WILLIAM H MINISTER  
Address        610 NW 1ST STREET  
City-State-Zip: LIVE OAK FL 32064

Title            AT LARGE - SENIOR ADVISER  
Name            CHACON, REINALDO MINISTER  
Address        79 NW 34TH TERR.  
City-State-Zip: MIAMI FL 33127

**Continues on page 2**

*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:** REV. LUZ Z. CORTES**PRESIDENT****04/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title AT LARG - BUSINESS CONSULTANT  
Name MATOS, ARMANDO  
Address 7454 HOLLOW RIDGE CIR  
City-State-Zip: ORLANDO FL 32822

Title AT LARGE - GOSPEL EDUCATIONAL MENTOR  
Name CRUZ, CARMEN MILAGRO REV.  
Address 30 HUNTER PLACE  
City-State-Zip: SPRINGFIELD MA 01109

Title AT LARGE - ADMINISTRATION / SECURITY  
Name GRAVES, ISAIAH MINISTER IN TRAINING  
Address 1140 SW MARIGOLD PLACE  
City-State-Zip: FORT WHITE FL 32038

Title AT LARGE - INFORMATION  
TECHNOLOGY CONSULTANT  
Name CLAUDIO, LUIS  
Address 3002 PINECONE DR.  
UNIT 110  
City-State-Zip: KISSIMMEE FL 34741

Title AT LARGE - EXECUTIVE  
EDUCATIONAL MENTOR  
Name ROSARIO, EDGARDO LUIS DR.  
Address 6644 TIMBERCOVE  
City-State-Zip: NEW PORT RICHEY FL 34653

Title AT LARGE - FUNDRAISING  
SECRETARY  
Name ADALIA, PEREZ  
Address 1316 E FORT KING STREET # 1  
City-State-Zip: OCALA FL 34471