

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
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1997 OCT -6 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 374480
1. Corporation Name

CHASE FEDERAL HOUSING CORPORATION

Principal Place of Business

Mailing Address

401 N TRYON ST NC1-021-03-09
CHARLOTTE NC 28255

Same

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-1316623

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~G T CORPORATION SYSTEM~~ Meryl Wolfson
~~1200 S Pine Island Rd~~ 7300 Kendall Dr
~~Plantation FL 33324~~ Miami FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Turner B. Smith
STREET ADDRESS 401 N TRYON ST NC1-021-03-09
CITY-ST-ZIP CHARLOTTE NC 28255

☐ DELETE

TITLE Sr. V.P.
NAME Gary S. Williams
STREET ADDRESS 401 N TRYON ST NC1-021-03-09
CITY-ST-ZIP CHARLOTTE NC 28255

☐ DELETE

TITLE Sec.
NAME Edward J. Stark
STREET ADDRESS 401 N TRYON ST NC1-021-03-09
CITY-ST-ZIP CHARLOTTE NC 28255

☐ DELETE

TITLE Treasurer
NAME Lynn L. Rhoads
STREET ADDRESS 401 N TRYON ST NC1-021-03-09
CITY-ST-ZIP CHARLOTTE NC 28255

☐ DELETE

TITLE Dir
NAME Edith M. Loughlin
STREET ADDRESS 401 N TRYON ST NC1-021-03-09
CITY-ST-ZIP CHARLOTTE NC 28255

☐ DELETE

TITLE Dir
NAME Turner B. Smith
STREET ADDRESS 401 N TRYON ST NC1-021-03-09
CITY-ST-ZIP CHARLOTTE NC 28255

☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

900002318029--3

-10/10/97--01111--023

***\$550.00 ***\$550.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gary S. Williams
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/97

704-386-5956

Date

Daytime Phone #

CR2E034 (9/96)