


FILE NOW: FILING FEE IS \$61.25.

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90257 007 \*\*\*\*\*8.75

03-01-1999 90257 008 \*\*\*\*\*61.25

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|---|--|---|---|--|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                                       |  |  |   | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # F95000003251</b>  |  |   |   |  |  |
| 1. Corporation Name<br><b>COMMUNITY HOUSING FUND, CORPORATION</b>                     |  |   |   |  |  |
| Principal Place of Business<br><b>100 DECKER CT<br/>SUITE 280<br/>IRVING TX 75062</b> |  |   | Mailing Address<br><b>100 DECKER CT<br/>SUITE 280<br/>IRVING TX 75062</b> |  |  |



|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br><b>07/06/1995</b>   |  |
|   |  |  |  | 4. FEI Number<br><b>75-2443182</b><br>Applied For<br><input checked="" type="checkbox"/> Not Applicable            |  |
|   |  |  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>         |  |
|   |  |  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br><b>REIFSCHNEIDER, DICK<br/>1597 SE 19TH ST<br/>POMPANO BEACH FL 33062</b> |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |  |
|--|--|--|--|---|--|

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | CPD<br>HILDENBRAND, BARBARA<br>100 DECKER CT, SUITE 280<br>IRVING TX | 1.1 TITLE   | D<br>ROBERT SAMBOL<br>4300 LEMMON AVE<br>DALLAS TX 75219 |
| NAME                       |  | 1.2 NAME  |  |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S<br>SOREM, JENNIFER<br>100 DECKER CT, SUITE 280<br>IRVING TX 75062  | 2.1 TITLE   |  |
| NAME                       |  | 2.2 NAME  |  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D<br>MOORE, GEORGE<br>100 DECKER CT, SUITE 280<br>IRVING TX 75062    | 3.1 TITLE   |  |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D<br>SLAUGHTER, ANITA<br>2995 LBJ, SUITE 106<br>DALLAS TX 75234      | 4.1 TITLE   |  |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |  | 5.1 TITLE   |  |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |  | 6.1 TITLE   |  |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |  |

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Barbara Hildenbrand*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 972-650-1780  
Date Daytime Phone #

CR2E037 (11/98)