## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000006335

FILED Jun 29, 2005 Secretary of State

Entity Name: COMMUNITY HOUSING CORPORATION OF AMERICA, INC.

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
900 2ND A	AVE S	900 2ND AVE S		
#875 MINNEAP	OLIS, MN 55402	#880 MINNEAPOLIS, MN 55402		
Current Mailing Address:		New Mailing Address:		
900 2ND A	AVES	900 2ND AVE S		
#875 MINNEAP	OLIS, MN 55402	#880 MINNEAPOLIS, MN 55402		
	: 36-3728180 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation did not	FEI Number Not Applicable ( ) Certificate of Status Desired ( ot receive the prior notice.	)	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:		
1200 S. PI	PORATION SYSTEM NE ISLAND RD. ION, FL 33324 US			
	named entity submits this statement for the poet of Florida.	ourpose of changing its registered office or registered agent, or	both,	
SIGNATUI		Data		
	Electronic Signature of Registered Age			
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTOF	
Title: Name: Address: City-St-Zip:	DP () Delete LANDWEHR, SUSAN M 3509 CEDAR LAKE AVE MINNEAPOLIS, MN 55416	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Vame: Address:	AS () Delete MARTIN, RICHARD H 401 SIBLEY ST #754 SAINT PAUL, MN 55105	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
City-St-Zip:				
	D ( ) Delete HOOD, JOHN 69363 6TH AVE COVINGTON, LA 70433	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
City-St-Zip: Title: Name: Address:	HOOD, JOHN 69363 6TH AVE	Name: Address:		
City-St-Zip:  Title:  Name: Address: City-St-Zip:  Title:  Name: Address:	HOOD, JOHN 69363 6TH AVE COVINGTON, LA 70433  D () Delete MONTEZ, JIM 4508 GARRISON LANE	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN LANDWEHR P 06/29/2005