


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000002863

1. Entity Name
 MIAMI-DADE COMMUNITY HOUSING FOUNDATION,
 INCORPORATED



Principal Place of Business 3907 ADRA AVE. MIAMI, FL 33178	Mailing Address 3907 ADRA AVE. MIAMI, FL 33178
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05022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1710924	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAPANES, ROLANDO
 3059 GRAND AVE., STE. 410
 MIAMI, FL 33133

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE LA HORRA, LAURA
STREET ADDRESS	16561 NW 84TH AVE.
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	D
NAME	RIVERO, ZENIA
STREET ADDRESS	2407 WEST 52ND PLACE, UNIT 4
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	D
NAME	JELKE, THOMAS
STREET ADDRESS	2403 S. MIAMI AVENUE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/16/05-80011-006 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas B. Jelke 5-9-2005 305-461-004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #