

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000004560

1. Entity Name
CHRISTIAN HOUSING RELIEF INC.



Principal Place of Business
119 SW 58 STREET
CAPE CORAL, FL 33914

Mailing Address
119 SW 58 STREET
CAPE CORAL, FL 33914

FILED

04 MAY 18 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05142004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-1023663

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ANA
119 SW 58 STREET
CAPE CORAL, FL 33914

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee applicable.

ANA E. FERNANDEZ

(NOTE: Registered Agent signature required when reinstating)

05/14/04
DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME FERNANDEZ, ANA E
STREET ADDRESS 119 SW 58 STREET
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE T
NAME BORREZO, RAMON C
STREET ADDRESS 13150 SW 6ST
CITY-ST-ZIP MIAMI, FL 33184

TITLE T
NAME BORREGO, NORMA V
STREET ADDRESS 13150 SW 6ST
CITY-ST-ZIP MIAMI, FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANA E. FERNANDEZ

5/14/04

239 4709081
Daytime Phone #

10/3