May 22, 2001 8:00 am
Secretary of State
05-22-2001 90027 016 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005593

1. Entity Name
CARE HOUSING AUTHORITY, INC.

Principal Place of Business
6767 N. WICKHAM ROAD STE 400
MELBOURNE FL. 32940

Mailing Address

659235

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6767 N. WICKHAM ROAD	6767 N. WICKHAM ROAD
Suite, Apt. #, etc.: SUITE 400	Suite, Apt. #, etc.: SUITE 400
City & State: MELBOURNE FL. ~~32940~~	City & State: MELBOURNE FL.
Zip: 32940 Country: USA.	Zip: 32940 Country: USA.

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CULPEPPER, THOMAS.
6767 WICKHAM ROAD. STE 400
MELBOURNE FL. 32940.

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CULPEPPER, THOMAS. P.D. 2010 LAKESIDE AVE MELBOURNE, FL. 32904	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BESWICK, TYSON. V.P. 1220 CIMARRON CIRCLE. PALM BAY FL. 32905	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KELLY, REBECCA C. S 123 BOWMORE DRIVE. PANAMA CITY BEACH FL. 32413	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HESS, REBECCA - 6767 WICKHAM ROAD. STE 400 MELBOURNE FL. 32940	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E037 (11/00)

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 CULPEPPER 4/30/01 321-254-9442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #