

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005593

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: CARE HOUSING AUTHORITY, INC.

Current Principal Place of Business:

6767 WICKHAM ROAD STE 400
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

6767 WICKHAM ROAD STE 400
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 31-1810071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CULPEPPER, THOMAS
Address: 2010 LAKESIDE AVE
City-St-Zip: MELBOURNE, FL 32904

Title: VD () Delete
Name: BESWICK, TYSON
Address: 1220 SIMARRON CIRCLE
City-St-Zip: PALM BAY, FL

Title: S () Delete
Name: HESS, REBECCA
Address: 6767 WICKHAM ROAD STE 400
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: KELLY, REBECCA C
Address: 123 BONAIRE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: LAURELLI, SHARON
Address: 119 WEST SUWANNEE LANE
City-St-Zip: MELBOURNE, FL 32931

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: SHARON LAURELLI

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04/29/2002

Electronic Signature of Signing Officer or Director

Date