

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009303

FILED
May 02, 2005
Secretary of State

Entity Name: COMMUNITY HOUSING ASSISTANCE & REHABILITATION INVESTMENT TEAM, INC.

Current Principal Place of Business:

1019 OHIO AVENUE
PALM HARBOR, FL 34683

New Principal Place of Business:

412 S AURORA AVE
CLEARWATER, FL 33765

Current Mailing Address:

525 WESTWINDS DRIVE
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 42-1561669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

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: D () Delete
Name: POST, BONNETTA M
Address: 525 WESTWINDS DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: POST, ROSETTA
Address: 525 WESTWINDS DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: SHORES, CHARLES
Address: 525 WESTWINDS DRIVE
City-St-Zip: PALM HARBOR, FL 34683

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:

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: BONNETTA M POST

D

05/02/2005

Electronic Signature of Signing Officer or Director

Date