2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N04000006203

Entity Name: COMMUNITY AFFORDABLE SUPPORTED HOUSING, INC.

Current Principal Place of Business:

623 BEECHWOOD STREET
JACKSONVILLE, FL

New Principal Place of Business:

623 BEECHWOOD STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

623 BEECHWOOD STREET
JACKSONVILLE, FL

New Mailing Address:

623 BEECHWOOD STREET
JACKSONVILLE, FL 32206

FEI Number: 04-3799821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GAFFNEY, REGINALD
1845 DAYTONA LANE
JACKSONVILLE, FL 32218 US

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: TP ( ) Delete
Name: GAFFNEY, REGINALD
Address: 1845 DAYTONA LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TVP ( ) Delete
Name: TWIGGS, STANLEY
Address: 2292 NETTLE BROOK STREET NORTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: TS ( ) Delete
Name: HICKS, JIMMIE P
Address: 13407 ASHCROFT LANDING COURT
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TS (X) Change ( ) Addition
Name: BROWN, BENJAMIN J
Address: 5888 RENAULT DR W
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BENJAMIN BROWN TS 04/20/2009

Electronic Signature of Signing Officer or Director — Date