FILE NOW: FILING FEE IS $61.25

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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49512** **(9)**

1. Corporation Name

COMMUNITY HOUSING INITIATIVE, INC.

Principal Place of Business	Mailing Address
3538 N. HARBOR CITY BLVD. MELBOURNE FL 32935	3538 N. HARBOR CITY BLVD. MELBOURNE FL 32935-5714

3. Date Incorporated or Qualified: **06/23/1992**

3a. Date of Last Report: **03/15/1996**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **59-3142633** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PETRONI, DAVID F
3538 N HARBOR CITY BLVD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

61 Name

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

63

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROTHE, EDITHE		1.2 NAME	
STREET ADDRESS	748 BREVITY AVE. N.E.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, HUGH JR.		2.2 NAME	
STREET ADDRESS	1688 W. HIBISCUS BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PETRONI, DAVID F		3.2 NAME	
STREET ADDRESS	3538 N. HARBOR CITY BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	POWERS, DEBRA J		4.2 NAME	
STREET ADDRESS	583 COMANCHE AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935		4.4 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TAKACS, LEAH		5.2 NAME	
STREET ADDRESS	1720 BOTTLEBRUSH DR. N.E., #107		5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905		5.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MCCREADY, OLIVIA		6.2 NAME	
STREET ADDRESS	1630 BOTTLEBRUSH DRIVE N.E., #102		6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)