2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90182 002 ****70.00

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DO NOT WRITE IN THIS SPACE

1. Entity Name

COMMUNITY HOUSING INITIATIVE, INC.

Principal Place of Business	Mailing Address
3033 COLLEGE WOOD DR MELBOURNE FL 32935	PO BOX 410522 MELBOURNE FL 32940-0522

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

TENPENNY, NICOLE
3033 COLLEGE WOOD DR
MELBOURNE FL 32935

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 _____ DATE

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

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	D TENPENNY, NICOLE 3033 COLLEGEWOOD DRIVE MELBOURNE FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TASKER, MOLLY 244 E. EAU GALLIE BLVD. IHB FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TASKER, MOLLY 244 E. EAU GALLIE BLVD. IHB,, FL 32937	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROBINSON, JOE 4475 S. HOPKINS AVENUE TITUSVILLE FL 32780	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARY JANE RUSSELL 214 COLUMBIA DRIVE CAPE CANAVERAL, FL. 32920	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, LOU PO BOX 320682 COCOA BEACH FL 32932-0682	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DARLENE MORRIS 961 ELMSFORD,ST., NW PALM BAY, FL 32907	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'HARA, BILL 1309 RILA ST, SE PALM BAY FL 32909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCREADY, OLIVIA 1740 BOTTLEBRUSH DR., NE APT. #103 PALM BAY FL 32905	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JANICE FITZGERALD 100 RIALTO PLACE MELBOURNE, FL 32901	☐ Change XX Addition

CR2E037 (9/01)

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: Nicole Tenpenny Nicole Tenpenny 1/23/02 321-253-0053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #