

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49512

FILED
Apr 18, 2005
Secretary of State

Entity Name: COMMUNITY HOUSING INITIATIVE, INC.

Current Principal Place of Business:

3033 COLLEGE WOOD DR
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

PO BOX 410522
MELBOURNE, FL 329410522

New Mailing Address:

FEI Number: 59-3142633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TENPENNY, NICOLE
3033 COLLEGE WOOD DR
MELBOURNE, FL 32935 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: D () Delete
Name: TENPENNY, NICOLE
Address: 3033 COLLEGEWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: SD () Delete
Name: JANICE, FITZGERALD
Address: 1740 BOTTLEBRUSH DR., NE APT. #103
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: ROGERS, MICHAEL
Address: 1890 PALM BAY ROAD, NE
City-St-Zip: PALM BAY, FL 32905

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: MICHAEL ROGERS

SD

04/18/2005

Electronic Signature of Signing Officer or Director

Date