## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 16, 2007 8:00 am DOCUMENT # N49512 Secretary of State 1. Entity Name 01-18-2007 90090 011 \*\*\*\*70.00 COMMUNITY HOUSING INITIATIVE, INC. Principal Place of Business Mailing Address 3033 COLLEGE WOOD DR PO BOX 410522 MELBOURNE FL 32935 MELBOURNE FL 32941-0522 Principal Place of Business - No P.O. Boy # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3142633 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TENPENNY, NICOLE 3033 COLLEGE WOOD DR Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32935 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Addition NAME TENPENNY, NICOLE NAME STREET ADDRESS STREET ADDRESS 3033 COLLEGEWOOD DRIVE CITY - ST- ZIP CITY ST-ZIP MELBOURNE FL 32935 Delete TITLE ☐ Change Addition NAME ROGERS, MICHAEL NAME STREET ADDRESS 1890 PALM BAY ROAD, NE STREET ADORESS CITY - ST- ZIP CITY-ST-7# PALM BAY FL 32905 ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ME ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP HILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP HILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-S1-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 attaphment with an address, with all other like empowered.

Nicde Tempenny/

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1/18/2007-90090-011-\$70.00-\$70.00

DOCUMENT # N49512  1. Entity Name COMMUNITY HOUSING INITIATIVE, INC.				ATTACHMENT
Principal Place of Business  3033 COLLEGE WOOD DR  MELBOURNE, FL 32935  MELBOURNE, FL 32941-0522			2 	6600/853
DO NOT WRITE IN THIS SPACE				01082007 No Chg-NP CR2E037 (4/06)  4. FEI Number Applied For S9-3142633 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				DO NOT WRITE IN THIS SPACE
8. The above named entity agomits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of pegistereit, agent.  SIGNATURE  Synature, speed or printed name of registered agent and other placeable.  INOTE: Registered Agent squalure required agent and other placeable.  INOTE: Registered Agent squalure required agent and other placeable.  PIRING Fee Is \$81.25  Due by May 1, 2007  9. Election Campaign Financing  Added to Fees				
10.  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS	D TENPENNY, NICOLE 3033 COLLEGEWOOD DRIVE MELBOURNE, FL 32935 SD ROGERS, MICHAEL 1890 PALM BAY ROAD, NE PALM BAY, FL 32905	DIRECTORS		DO NOT WRITE IN THIS SPACE
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SIGNATURE:  SUBJECTION OF PRINTED INJECTION OF				