

FILE NOW: FILING FEE IS \$61.25 *AMENDED*

NONPROFIT
CORPORATION
ANNUAL REPORT.

1996. AMENDED



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

FILED

Dec 24 1996 8:00 am
Secretary of State

DOCUMENT # N93000002237 (6)

1. Corporation Name

COMMUNITY HOUSING CORPORATION



Principal Place of Business

Mailing Address

630 SOUTH STATE RD. 7
MARGATE FL 33068

630 SOUTH STATE RD. 7
MARGATE FL 33068

2. Principal Place of Business

21 2979 N. W. 56 Avenue

2a. Mailing Address

26 P. O. Box 100099

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
23 Lauderhill, Florida

27
City & State
28 Ft. Laud., Florida

24 Zip
33313

Country
Broward

29 Zip
33310-0099

Country
Broward

3. Date Incorporated or Qualified

05/14/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0360624- 65-0641379

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

10. Name and Address of New Registered Agent

DENNIS STEWART, ESQ.
630 S. STATE ROAD 7
MARGATE FL 33068

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2979 N. W. 56 Avenue

83

84 City
Lauderhill

FL

85 Zip Code
33313

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME STEWART DENNIS
STREET ADDRESS 630 S. STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33068

TITLE D ☐ DELETE

NAME LAVAN DANIEL
STREET ADDRESS 630 S. STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33068

TITLE D ☐ DELETE

NAME MCCLURE DAVID
STREET ADDRESS 630 S. STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33068

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/D ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2979 N. W. 56 Avenue
1.4 CITY-ST-ZIP Lauderhill, Fla., 33313

2.1 TITLE Stephen H. Kipple/D ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 2979 N. W. 56 Avenue
2.4 CITY-ST-ZIP Lauderhill, Fla., 33313

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 2979 N. W. 56 Avenue
3.4 CITY-ST-ZIP Lauderhill, Fla., 33313

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 500002040485
5.3 STREET ADDRESS -12/30/96--01008--020
5.4 CITY-ST-ZIP *****70.00 *****70.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report, or as an attachment with an address.

SIGNATURE:

President

December 1, 1996 954-777-5142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DENNIS STEWART

CP2E037 (12/95)