

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION RECORDS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

1995-1 PM 12:03

DOCUMENT # N94000005351 (1)

COMMUNITY HOUSING ASSISTANCE CORP.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
239 SOUTH DIXIE HWY POMPANO BEACH FL 33060		239 SOUTH DIXIE HWY POMPANO BEACH FL 33060		3. Date Incorporated or Qualified 10/27/1994	3a. Date of Last Report
2. Principal Place of Incorporation		2b. Mailing Address		4. FID Number 65-0537904	Applied For Not Applicable
21. State, Apt. #, etc.	26. State, Apt. #, etc.	5. Certificate of Status Entered		☐ \$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Excess Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
23. City & State	28. City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status		☐ \$68.75 Supplemental Fee Not Required	
24. City & State	25. City & State	29. City & State		30. City & State	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301				81. Name	Dennis Stewart
				82. Street Address, P.O. Box Number is Not Acceptable	630 S. State Road 7
				83. City	Margate
				84. City	Margate
				85. FL	86. Zip Code 33068
11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.15(4), Florida Statutes, the above named corporation guarantees 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 Sections 607.01(2)(b) and 607.15(4), Florida Statutes.					
SIGNATURE: <i>[Signature]</i>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, AND BOARD OF DIRECTORS					
1. NAME		1. NAME		Director	
2. STREET ADDRESS		2. STREET ADDRESS		Dennis Stewart	
3. CITY & STATE		3. CITY & STATE		630 S. State Road 7	
4. CITY & STATE		4. CITY & STATE		Margate, Fla., 33068	
5. NAME		5. NAME		Director	
6. STREET ADDRESS		6. STREET ADDRESS		David C. McClure	
7. CITY & STATE		7. CITY & STATE		630 S. State Road 7	
8. CITY & STATE		8. CITY & STATE		Margate, Fla., 33068	
9. NAME		9. NAME		Director	
10. STREET ADDRESS		10. STREET ADDRESS		Daniel L. Lavan	
11. CITY & STATE		11. CITY & STATE		630 S. State Road 7	
12. CITY & STATE		12. CITY & STATE		Margate, Fla., 33068	
13. NAME		13. NAME		Change	
14. STREET ADDRESS		14. STREET ADDRESS		Addition	
15. CITY & STATE		15. CITY & STATE		Change	
16. CITY & STATE		16. CITY & STATE		Addition	
17. NAME		17. NAME		Change	
18. STREET ADDRESS		18. STREET ADDRESS		Addition	
19. CITY & STATE		19. CITY & STATE		Change	
20. CITY & STATE		20. CITY & STATE		Addition	
14. I hereby certify that the information supplied with this filing is substantially true and correct, and that I am a resident of the State of Florida. I further certify that this information will be used for the purpose of filing the annual report or supplemental annual report as required by law, and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or a registered or inactive incorporator, and that my report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in a filing made with an addendum.					
SIGNATURE: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

4-4-94

305-975-2679