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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90126 026 \*\*\*\*61.25

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1. Corporation Name

COMMUNITY HOUSING ASSISTANCE CORP.

Principal Place of Business

2979 N.W. 56TH AVENUE  
LAUDERHILL FL 33313

Mailing Address

P.O. BOX 100099  
FT. LAUDERDALE FL 33310-0099



2. Principal Place of Business

21 300 Columbia Drive

Suite, Apt. #, etc.

22 Ste 3301

City & State

23 Cape Canaveral FL

Zip

24 32920 25 USA

2a. Mailing Address

26 300 Columbia Drive

Suite, Apt. #, etc.

27 Ste. 3301

City & State

28 Cape Canaveral FL

Zip

29 32920 30 USA

3. Date Incorporated or Qualified

10/27/1994

4. FEI Number

85-0537904

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

9. Name and Address of Current Registered Agent

STEWART, CRAIG  
300 COLUMBIA DRIVE, #3301  
TREASURE ISLAND CLUB  
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MCMILLAN, RICHARD M

STREET ADDRESS 625 TIMUQUENE DRIVE

CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE D ☐ DELETE

NAME CAJACOB, ALAN

STREET ADDRESS 945 PARK PLACE

CITY-ST-ZIP DELAND FL 32720

TITLE D ☐ DELETE

NAME KIPPLE, STEVE

STREET ADDRESS 12390 91ST AVENUE NORTH

CITY-ST-ZIP SEMINOLE FL 33772

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/99 (407) 537-4170

Date

Daytime Phone #

CR29037 (11/98)