2002 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2002 8:00 am Secretary of State DOCUMENT # N9400005351 1. Entity Name 05-03-2002 90068 001 ***228.75 COMMUNITY HOUSING ASSISTANCE CORP. Principal Place of Business Mailing Address 300 COLUMBIA DR STE 3301 300 COLUMBIA DR STE 3301 CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 2. Principal Place of Business 3. Mailing Address 102 Columbia Columbia ŊR Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Svite Suite City & State 4. FEI Number Applied For 85-0537904 Not Applicable \$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 Name Street Address (P.O. Box Number is Not Acceptable) STEWART, CRAIG 300 COLUMBIA DRIVE, #3301 TREASURE ISLAND CLUB City CAPE CANAVERAL FL 32920 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete Director TITLE Change -Addition (9/01)Ryan Blair Stewart 300 Columbia BRIVE # 3301 MCMILLAN, RICHARD M NAME STREET ADDRESS 625 TIMUQUENE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953 Cape Canaveral, FC 32920 TITLE ☐ Delete TITLE Change ☐ Addition NAME STEWART, MARY C NAME STREET-ADDRES 300 COLUMBIA DR #3301≥ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Cape Canaveral</u> FL 32920 TITLE Delete Director TITLE Change Addition Kyle Craig Stewart 3400 Gulf to Bay Blad Box 402 NAME KIPPLE, STEVE NAME STREET ADDRESS 12390 91ST AVENUE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 Clearwater. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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-77 USCO COSTORATOR ATTORNOOD COSTORATOR ATTORNO

SIGNATURE: / USUS CONTINUED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/23/02

321-799-5421