

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005351

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** COMMUNITY HOUSING ASSISTANCE CORP.

**Current Principal Place of Business:**

102 COLUMBIA DR  
STE 106  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

102 COLUMBIA DR  
STE 106  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** 85-0537904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STEWART, RYAN B  
Address: 300 COLUMBIA DR #3301  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: STEWART, MARY C  
Address: 300 COLUMBIA DR #3301  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: STEWART, KYLE C  
Address: 300 COLUMBIA DR #3301  
City-St-Zip: CAPE CANAVERAL, FL 32920

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG STEWART

RA

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date