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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N96000002473 (4)

Mailing Address

COMMUNITY HOUSING INITIATIVE TRUST, INC.

Principal Place of Business 3538 N. HARBOR CITY BLVD. 3538 N. HARBOR CITY BLVD. MELBOURNE FL 32835-5714 MELBOURNE FL 32935

FILED Mar 07 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 3a. Date of Last Report 04/23/1996
2. Principal Pi	ace of Business	2a. Mailing Address	}			4. FEI Number 2/13 CU 3 S Applied For
21		26				7-3428428 Applied For Not Applicable
Suite, Apt. 4	V. etc.	Suite, Apt. #, etc 27	C.	·		5. Certificate of Status Desired See Required Fee Required
City & State	·	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	Country		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	30		Florida Statutes Yes No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent
•				81	Name	
PETRONI, DAVID F					Street A	Address (P.O. Box Number is Not Acceptable)
3538 N. HARBOR CITY BLVD. Melbourne Fl 32935				00		
				63		
				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 i					e required when reinstating) DATE
12.		AND DIRECTORS	(NOTE: Hagisteret	o Age	ni agnature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVD	DELET		YI F	Т	Change Addition
NAME	PETRONI, DAVID F		1.2 N/			
STREET ADDRESS	3538 N. HARBOR CITY BLY	VD.			ADDRESS	·
City-St-ZiP	MELBOURNE FL 32935		1		T-ZIP	
TITLE	SD	DELET			<u>""</u>	☐ Change ☐ Addition
NAME	FANT, RICHARD		2.2 N	AME		
STREET ADDRESS	3538 N. HARBOR CITY BLV	√D.	2.3 51	REET	ADDRESS	
CITY-ST-2IP	MELBOURNE FL 32935		2.4C	1TY - 9	ST-ZIP	
TITLE	TD	☐ DELE	TE 3.1 TI	TLE		☐ Change ☐ Addition
NAME	PETRONI, JANET L		3.2 N	AME		
STREET ADDRESS	3538 N. HARBOR CITY BLV	VD.	3.3 S	REET	ADDRESS	,
CITY-S1-ZIP	MELBOURNE FL 32935		3.4. C	ITY-S	ST-21P	
THILE		DELE	TE 4.1 TI	TLE		☐ Change ☐ Addition
NAME			4.2 N	IAME	1	· .
STREET ADDRESS			4.3 \$1	TREET	ADDRESS	
CITY-ST-ZIP			4.4 C	ITY-S	T-21P	
TITLE		DELET	TE 5.1 TI	TLE		☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	<u> </u>
CITY - ST - ZIP	***************************************			ITY-S	T-ZIP	
TITLE		☐ DELE	TE 6.1 T	TLE		Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TAEET	ADDRESS	
CITY - ST - ZIP	······································				T-ZIP	
14 Ldo heret	by certify that the information supp	itied with this filling does not	t amalify for the	AYA	motion et	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 accirect.

SIGNATURE: