2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02-03-2003 90136 049 ****70.00

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1. Entity Name
COMMUNITY HOUSING CDC, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22000102

Principal Place of Business	Mailing Address
2235 MONTE CARLO TRAIL ORLANDO FL 32802	PO BOX 1172 ORLANDO FL 32802

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1667501 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, TIM DR TH D
2235 MONTE CARLO TRAIL
ORLANDO FL 32802

7. Name and Address of New Registered Agent

Name

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

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ADAMS TIM L. DR. TH. D. 2235 Monte Carlo Tr. Orl. Fl. DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ADAMS, TIM 2235 MONTE CARLO TRAIL ORLANDO FL 32802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition C00001444096 03/21/03--01041--009 **88.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD BUTLER, CYPRUS 2235 MONTE CARLO TRAIL ORLANDO FL 32802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition VCD Butler, Cyprus 2235 Monte Carlo Tr. Orl. Fl. 32802
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ADAMS, ARETHA M. 2235 MONTE CARLO TRAIL ORLANDO FL 32802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. — ADAMS VICTOR R. 1025 N. Pine Hill Rd. Orl. Fl.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☒ Addition D. ADAMS, VICTOR R 1025 N. Pine Hills Rd. Orl. Fl. 32802
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KADI KHADJIBHAI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition KADI KHADJIBHAI 1025 N. Pine Hill Rd. Orl. Fl. 32805
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition DIR DIR. SMITH, Robert L. 1025 N. Pine Hills Rd.

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 607, 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: SIGNATURE REQUIRED 01-23-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)