

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000002307

**FILED**  
**Mar 14, 2022**  
**Secretary of State**  
**4635141498CC**

**Entity Name:** CHRISTIAN HABIT CHARITIES CORP

**Current Principal Place of Business:**

16350 BRUCE B DOWNS BLVD  
UNIT # 46381  
TAMPA, FL 33647

**Current Mailing Address:**

P.O BOX 46381  
TAMPA, FL 33647

**FEI Number:** 82-4029732

**Certificate of Status Desired:** No

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

DEAS, DARRELL  
16350 BRUCE B DOWNS BLVD  
UNIT # 46381  
TAMPA, FL 33647 US

*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

**Officer/Director Detail :**

Title P  
Name DEAS, DARRELL  
Address 16350 BRUCE B DOWNS BLVD  
UNIT # 46381  
City-State-Zip: TAMPA FL 33647

Title DIR  
Name DEAS, CHEYENNE  
Address 22840 ST. THOMAS CIR  
City-State-Zip: LUTZ FL 33549

Title DIR  
Name DEAS, DAISA  
Address 22840 ST. THOMAS CIR  
City-State-Zip: LUTZ FL 33549

Title DIR  
Name DEAS, JONTHAN  
Address 22840 ST. THOMAS CIR  
City-State-Zip: LUTZ FL 33549

*I hereby 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 all other like empowered.*

**SIGNATURE:** DARRELL FITZGERALD DEAS

**PRESIDENT**

**03/14/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date