

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

DOCUMENT# F21000003048

**FILED**  
**Mar 15, 2022**  
**Secretary of State**  
**3789740841CC**

**Entity Name:** CREDIT & HOMEOWNERSHIP EMPOWERMENT SERVICES CORP

**Current Principal Place of Business:**

3125 GILLHAM PLAZA  
KANSAS CITY, MO 64109

**Current Mailing Address:**

3125 GILLHAM PLAZA  
KANSAS CITY, MO 64109 US

**FEI Number:** 27-3693233

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH ST N STE 300  
ST PETERSBURG, FL 33702 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           DIR  
Name           WILLIAMS, COLEY  
Address        7901 4TH ST N STE 300  
City-State-Zip: ST PETERSBURG FL 33702

Title           DIR  
Name           FARMER, RON  
Address        7901 4TH ST N STE 300  
City-State-Zip: ST PETERSBURG FL 33702

Title           DIR  
Name           ANDERSON, CYNTHIA  
Address        7901 4TH ST N STE 300  
City-State-Zip: ST PETERSBURG FL 33702

Title           DIR  
Name           ADAMS, RUBY  
Address        7901 4TH ST N STE 300  
City-State-Zip: ST PETERSBURG FL 33702

Title           DIR  
Name           FARMER, BOB  
Address        7901 4TH ST N STE 300  
City-State-Zip: ST PETERSBURG FL 33702

*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:** COLEY WILLIAMS

**DIRECTOR**

**03/15/2022**

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

\_\_\_\_\_  
Date