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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746169** **(2)**

1. Corporation Name

CLEARWATER NEIGHBORHOOD HOUSING SERVICES INCORPO RATED

Principal Place of Business	Mailing Address
608 NORTH GARDEN AVE. CLEARWATER FL 34615 US	608 NORTH GARDEN AVE. CLEARWATER FL 34615 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: 03/08/1979

4. FEI Number: 59-1898543 ☐ Applied For ☐ Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEIBLE, KENT R.
1110 DRUID ROAD, SOUTH
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: William L. Jennings
82 Street Address (P.O. Box Number Is Not Acceptable): 1822 Drew Street Suite 8
83
84 City: Clearwater, **FL** 85 Zip Code: 34625

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: _____ April 1, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, PEARL		1.2 NAME		
STREET ADDRESS	2175 NURSERY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KINNEY, ROBERT P		2.2 NAME		
STREET ADDRESS	ONE PRESTIGE PLACE, 2600 MCMOMICK DR,ST200		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RUBY, SALLY		3.2 NAME		
STREET ADDRESS	416 LINCOLN AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHOWERS, GREGORY K		4.2 NAME		
STREET ADDRESS	133 N. FT. HARRISON AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GULLEY, ISAY M		5.2 NAME		
STREET ADDRESS	608 NORTH GARDEN AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DEVINE, ANTONETTE		6.2 NAME		
STREET ADDRESS	1041 NORTH MADISON AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP		

14. 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 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 address.

SIGNATURE: _____ 23, January, 1998(813)442-4155

CR2E037 (10/97)