2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 746169

1. Entity Name
CLEARWATER NEIGHBORHOOD HOUSING SERVICES INCORPORATED

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

01262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

MACPHERSON, GILBERT P P.A.
1423 SOUTH FORT HARRISON AVENUE
CLEARWATER, FL 33756

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, PEARL
STREET ADDRESS	2175 NURSERY ROAD
CITY-ST-ZIP	CLEARWATER, FL
TITLE	SD
NAME	RUBY, SALLY
STREET ADDRESS	416 LINCOLN AVE
CITY-ST-ZIP	CLEARWATER, FL
TITLE	ED
NAME	GULLEY, ISAY M
STREET ADDRESS	608 NORTH GARDEN AVE.
CITY-ST-ZIP	CLEARWATER, FL
TITLE	T
NAME	CASSARA, FRANK
STREET ADDRESS	1640 GULF TO BAY BLVD.
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/04-80072-009 70.00

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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 617, 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: Isay M. Gulley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 JANUARY, 2004 (727) 442-4155
Date Daytime Phone #