2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

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| DOCUMENT # 746169 1. Entity Name CLEARWATER NEIGHBORHOOD HOUSING SERVICES INCORPORATED | | | | 03- | 21-2005 90089 | 009 ****/0 | 1.00 |
| 608 NORTH GARDEN AVE. 66 | | Mailing Address 608 NORTH GARDEN AVE. CLEARWATER, FL 34615 US | | 20022778 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03142005 Chg | -NP CR2E | 037 (10/03) | |
| City & State | | City & State | | 4. FEI Number 59-1898543 | | <u> </u> | olied For Applicable |
| Zip | Country | Zip | Country | 5. Certificate of State | ıs Desired 💢 | \$8.75 Addit | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Addre | ss of New Registered | Agent | |
| MACPHERSON, GILBERT P.P.A. 1423 SOUTH FORT HARRISON AVENUE CLEARWATER, FL. 33756 | | | Street Address | | | | |
| | | | City | arwater. | F | L Zip Code 33755 | |
| | named entity submits this statement for | r the purpose of changing its re | | | e State of Florida. 1 an | | |
| SIGNATURE . | Signature, typed or printed rathe of registered agent | and title if applicable. (NOTE: F | Registered Agent signature requi | red when reinstating) , . ; | DATE | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | | 9. Election Campaign Financing Trust Fund Contribution. — | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | |
| 10. | OFFICERS AND DI | RECTORS | 11 | ADDITIONS/CHANGES | TO OFFICERS AND I | DIRECTORS IN | 10 |
| TITLE | P | ☐ Delete | IMLE | Abbittono/orizatace | 1001110211074101 | ☐ Change | |
| NAME | JOHNSON, PEARL | □ Ueleta | NAME | | | C Change | |
| STREET ADDRESS | 2175 NURSERY ROAD | | STREET ADDRESS | | | | Addition |
| CITY-ST-ZIP | CLEARWATER, FL | | a interiationess | | | | A O 63(JON |
| +171 5 | | | CITY-ST-ZIP | | | | LJ AOGILION |
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| TITLE NAME | SD RUBY, SALLY | ☐ Delete | CITY-ST-ZIP | · | <u> </u> | ☐ Change | Addition |
| 1 | | ☐ Delete | CITY-ST-ZIP TITLE | · | · | ☐ Change | |
| NAME | RUBY, SALLY | ☐ Delete | CITY-ST-ZIP TITLE NAME | | | Change . | |
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12. I hereby certify that the information supplied with this filling 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 ceth; that I am an officer or director of the corporation or the receiver or sustee 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 any address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FOOR PRINTED NAME OF SUCHING OFFICER OF DRIPPCYOR

3/16/05

Davtime Phone #