

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2005 90089 009 \*\*\*\*70.00

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--|
| <b>DOCUMENT # 746169</b><br>1. Entity Name<br><b>CLEARWATER NEIGHBORHOOD HOUSING SERVICES INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 |                                                                                                                        |                                                                                                                                                                               |                                                              |  |
| Principal Place of Business<br><b>608 NORTH GARDEN AVE.<br/>CLEARWATER, FL 34615 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                                                                        | Mailing Address<br><b>608 NORTH GARDEN AVE.<br/>CLEARWATER, FL 34615 US</b>                                                                                                   |                                                              |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | 3. Mailing Address                                                                                                     |                                                                                                                                                                               |                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 | Suite, Apt. #, etc.                                                                                                    |                                                                                                                                                                               |                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 | City & State                                                                                                           |                                                                                                                                                                               |                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                         | Zip                                                                                                                    | Country                                                                                                                                                                       |                                                              |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                                                                                                                        | 7. Name and Address of New Registered Agent                                                                                                                                   |                                                              |  |
| <b>MACPHERSON, GILBERT P P.A.<br/>1423 SOUTH FORT HARRISON AVENUE<br/>CLEARWATER, FL 33756</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |                                                                                                                        | Name <b>Anthony P. Granese, P.A.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1014 Drew Street</b><br><br>City <b>Clearwater, FL</b> Zip Code <b>33755</b> |                                                              |  |
| 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.<br>SIGNATURE <u><i>Anthony P. Granese</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                               |                                                                                                                 |                                                                                                                        |                                                                                                                                                                               |                                                              |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                                                               | <b>Make check payable to<br/>Florida Department of State</b> |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                         |                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P<br/>JOHNSON, PEARL<br/>2175 NURSERY ROAD<br/>CLEARWATER, FL</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SD<br/>RUBY, SALLY<br/>416 LINCOLN AVE<br/>CLEARWATER, FL</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ED<br/>GULLEY, ISAY M<br/>608 NORTH GARDEN AVE.<br/>CLEARWATER, FL</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>T<br/>CASSARA, FRANK<br/>1640 GULF TO BAY BLVD.<br/>CLEARWATER, FL 33763</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |                                                              |  |
| 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: <u><i>Isay M. Gulley</i></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 | 3/16/05<br>Daytime Phone # _____                                                                                       |                                                                                                                                                                               |                                                              |  |