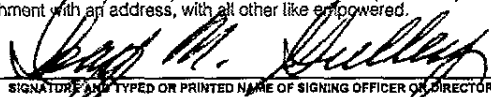


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 746169			
1. Entity Name CLEARWATER NEIGHBORHOOD HOUSING SERVICES INCORPORATED			
Principal Place of Business 608 NORTH GARDEN AVE. CLEARWATER, FL 34615 US	Mailing Address 608 NORTH GARDEN AVE. CLEARWATER, FL 34615 US		
DO NOT WRITE IN THIS SPACE			
		01042006 No Chg-NP CR2E037 (11/05)	
		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 GRANESE, ANTHONY P P.A. 1014 DREW STREET CLEARWATER, FL 33755		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000380266 01/11/06-80007-006 70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, PEARL 2175 NURSERY ROAD CLEARWATER, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBY, SALLY 416 LINCOLN AVE CLEARWATER, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED GULLEY, ISAY M 608 NORTH GARDEN AVE. CLEARWATER, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASSARA, FRANK 1640 GULF TO BAY BLVD. CLEARWATER, FL 33763		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		1/5/06 (727) 442-4155	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	