2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 746169

Entity Name: CLEARWATER NEIGHBORHOOD HOUSING SERVICES INCORPORATED

Current Principal Place of Business:

608 NORTH GARDEN AVE.
CLEARWATER, FL 34615 US

New Principal Place of Business:

608 NORTH GARDEN AVE.
CLEARWATER, FL 33755 US

Current Mailing Address:

608 NORTH GARDEN AVE.
CLEARWATER, FL 34615 US

New Mailing Address:

608 NORTH GARDEN AVE.
CLEARWATER, FL 33755 US

FEI Number: 59-1898543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GRANESE, ANTHONY P P.A.
1014 DREW STREET
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, PEARL
Address: 2175 NURSERY ROAD
City-St-Zip: CLEARWATER, FL

Title: SD ( ) Delete
Name: RUBY, SALLY
Address: 416 LINCOLN AVE
City-St-Zip: CLEARWATER, FL

Title: ED ( ) Delete
Name: GULLEY, ISAY M
Address: 608 NORTH GARDEN AVE.
City-St-Zip: CLEARWATER, FL

Title: T ( ) Delete
Name: CASSARA, FRANK
Address: 2123 US HWY 19
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JOHNSON, PEARL
Address: 1234 ELDRIDGE STREET
City-St-Zip: CLEARWATER, FL 33755 US

Title: SD (X) Change ( ) Addition
Name: BROWN, CASSANDRA
Address: 1400 OTTEN STREET
City-St-Zip: CLEARWATER, FL 33755 US

Title: ED (X) Change ( ) Addition
Name: GULLEY, ISAY M
Address: 608 NORTH GARDEN AVE.
City-St-Zip: CLEARWATER, FL 33755 US

Title: T (X) Change ( ) Addition
Name: CASSARA, FRANK
Address: 4066 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISAY M GULLEY ED 01/15/2009

Electronic Signature of Signing Officer or Director — Date