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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **754191** (5)

1. Corporation Name
**ST. PETERSBURG NEIGHBORHOOD HOUSING SERVICES, INC
CORPORATED**

Principal Place of Business Mailing Address
2120 ML KING ST S ST PETERSBURG FL 33705-3543
2120 ML KING ST S ST PETERSBURG FL 33705-3543

after 4/17/95, addresses change to:
1640 M.L. King St. S (all else same)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/1980	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2026381	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Same	26 Same
22 N/A	27 N/A
23 Same	28 Same
24 Same	29 Same
25 Pinellas	30 Pinellas

9. Name and Address of Current Registered Agent

NESBITT, JO ANN S
2120 ML KING ST S
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1640 M. L. King Street South

83 **St. Petersburg, Florida 33705**

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Jo Ann S. Nesbitt* DATE **5/3/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCEACHERN, DAVID
STREET ADDRESS	621 25TH AVE., S
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	VD
NAME	GILSTRAP, GARY
STREET ADDRESS	3628 28TH AVE S
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	TD
NAME	RUBIN, PATRICIA
STREET ADDRESS	3131 66TH ST NO
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	SD
NAME	RICKMAN, SARALYN
STREET ADDRESS	7600 US 19 S
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	SD
NAME	MCEACHERN, THERESA
STREET ADDRESS	621-25TH AVE SO
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	See attachment	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Vice President "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Keith Young	
2.3 STREET ADDRESS	2608 1/2 4th Street South	
2.4 CITY - ST - ZIP	St. Petersburg, Florida 33705	
3.1 TITLE	2nd Vice President "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Diane Haynes	
3.3 STREET ADDRESS	741 28th Avenue South	
3.4 CITY - ST - ZIP	St. Petersburg, Florida 33705	
4.1 TITLE	Secretary "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lisa Scott	
4.3 STREET ADDRESS	4141 6th Street South	
4.4 CITY - ST - ZIP	St. Petersburg, Florida 33705	
5.1 TITLE	Treasurer "D"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Patricia Rubin	
5.3 STREET ADDRESS	3131 66th Street North	
5.4 CITY - ST - ZIP	St. Petersburg, Florida 33710	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *Jo Ann S. Nesbitt* DATE **5/3/95** (813) 821-6897

JOANN S. NESBITT, EXECUTIVE DIRECTOR

ATTACHMENT

**JO ANN S. NESBITT - "D" (REGISTERED AGENT)
EXECUTIVE DIRECTOR
1640 DR. M. L. KING STREET SOUTH
ST. PETERSBURG, FLORIDA 33705**