

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
1640 M.L. KING ST. S. 1640 M.L. KING ST. S.
ST PETERSBURG FL 33706-3543 ST PETERSBURG FL 33706-3543

3. Date Incorporated or Qualified 09/16/1980 3a. Date of Last Report 05/10/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2026381	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	25	29	30

9. Name and Address of Current Registered Agent

NESBITT, JO ANN S
1640 M.L. KING STREET SOUTH
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCEACHERN, DAVID	1.1 TITLE	Change Addition
NAME	621 25TH AVE., S	1.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD YOUNG, KEITH	2.1 TITLE	Change Addition
NAME	2608 1/2 4TH STREET SOUTH	2.2 NAME	
STREET ADDRESS	ST PETERSBURG FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD HAYNES, DIANE	3.1 TITLE	Change Addition
NAME	741 28TH AVENUE SOUTH	3.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD SCOTT, LISA	4.1 TITLE	Change Addition
NAME	4141 6TH STREET SOUTH	4.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD RUBIN, PATRICIA	5.1 TITLE	Change Addition
NAME	3131 68TH STREET SOUTH	5.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D NESBITT, JO ANN S.	6.1 TITLE	Change Addition
NAME	1640 DR. M.L. KING STREET SOUTH	6.2 NAME	
STREET ADDRESS	ST PETERSBURG FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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Executive Director
GALE A. TULL
776 19th Avenue South
St. Petersburg, FL 33705

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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)