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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

754191 DOCUMENT #

(5)

ST. PETERSBURG NEIGHBORHOOD HOUSING SERVICES. IN CORPORATED

Principal Place of Business Mailing Address 1640 M.L. KING ST. S. 1640 M.L. KING ST. S. ST PETERSBURG FL 33701-5707 ST PETERSBURG FL 33705-3543 Date Incorporated or Qualified 09/16/1980 3a. Date of Last Report 05/01/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-2026381 Not Applicable 26 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 26 Country ZıD Zip 8. This corporation has liability for intangible tax under s. 199.032, Country Florida Statutes Yes No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Ri Name ASKIA MUHAMMAD AQUIL NESBITT, JO ANN S Street Address (P.O. Box Number is Not Acceptable) 1640 M. L. KING STREET SOUTH 1640 M.L. KING STREET SOUTH 83 ST. PETERSBURG FL 33705 Zip Code 33701 84 PETERSBURG 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. MARCH 26, 1997 ASKIA MUHAMMAD AQUIL, EXECUTIVE DIRECTOR-Whammag DATE Signature Typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change X Addition DELETE 1.1 TITLE P/D TITLE MCEACHERN, DAVID 1.2 NAME WIGGINS. PAUL R. NAME 200 CENTRALKAVENUE ORTDA, 19TH FLR 621 25TH AVE., S 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701 CITY-ST-ZIP Change DELETE. VD 2.1 TITLE V/D TITLE YOUNG, KEITH NAME 2.2 NAME SCHULZ, JOANN 2608 1/2 4TH STREET SOUTH 2.3 STREET ADDRESS 234 25TH AVENUE NORTH STREET ADDRESS ST PETERSBURG FL PETERSBURG, FL 33704 2.4 CITY-ST-ZIP CITY-ST-ZP Change X DELETE 3.1 TITLE TITLE WILLIAMS, ALICE Y. SCOTT, LISA 3.2 NAME NAME 3900 1ST STREET NORTH 4141 6TH STREET SOUTH 3.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL ST. PETERSBURG, FL 33703 3 4. CITY - ST - ZIP CITY-ST-ZIP Change X DELETE ▼ Addition TD 4.1 TITLE TITLE ROSS, ATTY HOWARD RUBIN, PATRICIA 4.2 NAME NAME 980 TYRONE BOULEVARD 3131 66TH STREET SOUTH 4.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 4.4 CITY - ST - ZIP ST. PETERSBURG, FL 33710 CITY - ST - ZIP T DELETE Change ▼ Addition 5.1 TITLE TITLE FXD 20.00 TULL, GALE A 5.2 NAME NAME 776 19TH AVE. SOUTH 5.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33705 5.4 CITY - ST - ZIP CITY - ST - ZIE Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 annual report or suppliercental 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block

CITY-ST-ZIP

ent with an address

[[Q]][[]]PAUL R. WIGGINS MARCH 26, 1997 (813)892-1536

FILED

Apr 01 1997 8:00am

Secretary of State

Daytime Phone # 0049666