

FILE NOW: FILING FEE IS \$61.25

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**Apr 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754191 (5)
1. Corporation Name
ST. PETERSBURG NEIGHBORHOOD HOUSING SERVICES, IN CORPORATED



Principal Place of Business 1640 M.L. KING ST. S. ST PETERSBURG FL 33705-3543	Mailing Address 1640 M.L. KING ST. S. ST PETERSBURG FL 33705-3543
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3. Date incorporated or Qualified 09/16/1980	
4. FEI Number 59-2026381	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1640 M.L. KING ST. S. Suite, Apt. #, etc.	2a. Mailing Address 26 1640 M.L. KING ST. S. Suite, Apt. #, etc.
22 City & State 23 ST. PETERSBURG, FL	27 City & State 28 ST. PETERSBURG, FL
24 Zip 33701	25 Country U.S.A.
29 Zip 33701	30 Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
AQIL, ASKIA M
1640 M. L. KING STREET SOUTH
ST. PETERSBURG FL 33701

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	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCEACHERN, DAVID	1.2 NAME	SCHULZ, JOANN
STREET ADDRESS	621 25TH AVE. S	1.3 STREET ADDRESS	234 25TH AVENUE N.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, PAUL R	2.2 NAME	WILLIAMS, ALICE Y.
STREET ADDRESS	200 CENTRAL AVE.	2.3 STREET ADDRESS	2230 8TH STREET S.
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULZ, JOANN	3.2 NAME	UNLEY, DENISE G.
STREET ADDRESS	234 25TH AVE. NORTH	3.3 STREET ADDRESS	200 CENTRAL AVENUE, STE 1900
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, ALICE Y	4.2 NAME	NARDINI, MICHAEL
STREET ADDRESS	3900 1ST STREET NORTH	4.3 STREET ADDRESS	4839 NAPOLI COURT, N.E.
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, ATTY H	5.2 NAME	AQIL, ASKIA MUHAMMAD
STREET ADDRESS	980 TRYONE BLVD.	5.3 STREET ADDRESS	1640 M.L. KING STREET S.
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I 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 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: *Askia Muhammad Aquil Askia Muhammad Aquil* **3-31-98 (913) 821-6097**

CR2E037 (10/97)