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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 754191

1. Corporation Name

**ST. PETERSBURG NEIGHBORHOOD HOUSING SERVICES, IN
 CORPORATED**

Principal Place of Business

Mailing Address

1640 M. L. KING ST S
 ST PETERSBURG FL 33701
 US

1640 M.L. KING ST. S.
 ST PETERSBURG FL 33701
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

09/16/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
 59-2026381

Applied For
 Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AQUIL, ASKIA M
 1640 M. L. KING ST S
 ST. PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD DELETE
 NAME UNLEY, DENISE G.
 STREET ADDRESS 200 CENTRAL AVE STE 1900
 CITY-ST-ZIP ST. PETERSBURG FL 33701

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME NARDINI, MICHAEL
 STREET ADDRESS 4839 NAPOLI CT NE
 CITY-ST-ZIP ST PETERSBURG FL 33703

2.1 TITLE Change Addition
 2.2 NAME TD
 2.3 STREET ADDRESS PELLEY, LESLIE A.
 2.4 CITY-ST-ZIP 801 THIRD STREET SOUTH
 ST. PETERSBURG, FL 33701

TITLE PD DELETE
 NAME SCHULZ, JOANN
 STREET ADDRESS 234 25TH AVE. NORTH
 CITY-ST-ZIP ST. PETERSBURG FL 33704

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE VD DELETE
 NAME WILLIAMS, ALICE Y
 STREET ADDRESS 2230 8TH ST S
 CITY-ST-ZIP ST. PETERSBURG FL 33705

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DD DELETE
 NAME AQUIL, ASKIA MUHAMMAD
 STREET ADDRESS 1640 M. L. KING ST S
 CITY-ST-ZIP ST. PETERSBURG FL 33701

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

JOANN R. SCHULZ, President

JANUARY 8, 1999 727-821-6897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)