

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90034 001 *****8.75

DOCUMENT # 754191

1. Entity Name

ST. PETERSBURG NEIGHBORHOOD HOUSING SERVICES, IN

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2026381

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD UNLEY, DENISE G.	<input type="checkbox"/> Delete
STREET ADDRESS	200 CENTRAL AVE STE 1900	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE NAME	TD PELLEY, LESLIE A	<input type="checkbox"/> Delete
STREET ADDRESS	801 THIRD STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE NAME	PD SCHULZ, JOANN	<input type="checkbox"/> Delete
STREET ADDRESS	234 25TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE NAME	VD WILLIAMS, ALICE Y	<input type="checkbox"/> Delete
STREET ADDRESS	2230 8TH ST S	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joann R. Schulz (Joann R. Schulz) 2/15/2000 727-921-6897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)