



# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
04 NOV -9 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 754191</b> 1. Entity Name ST. PETERSBURG NEIGHBORHOOD HOUSING SERVICES, INCORPORATED	
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Principal Place of Business 1600 DR. MARTIN L. KING ST. S. ST PETERSBURG, FL 33701 US	Mailing Address 1600 DR. MARTIN L. KING ST. S. ST PETERSBURG, FL 33701 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



10192004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2026381	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  AQUIL, ASKIA M 1600 DR. MARTIN L. KING ST. S. ST. PETERSBURG, FL 33701	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD MCEACHERN, THERESA 621 25TH AVENUE SOUTH ST. PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  300042610353 11/09/04--01087--023 **70.00
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD MANDULA, MARK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	1355 BRIGHTWATERS BLVD. NE	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33704	CITY-ST-ZIP	
TITLE	PD FISCHER, DAVID J <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Robert "Bob" Rowan
STREET ADDRESS	1345 BRIGHTWATERS BLVD. NE	STREET ADDRESS	St. Petersburg, FL
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704	CITY-ST-ZIP	
TITLE	VD HENDRIEX, VALERIE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	5109 DR. MARTIN L. KING ST. S.	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	CITY-ST-ZIP	
TITLE	ED AQUIL, ASKIA M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	4730 6TH AVE. S.	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33711	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Askia Muhammad Aquil Askia Muhammad Aquil 10/19/04 (727) 921-6897  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #