

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754191

FILED  
Feb 26, 2007  
Secretary of State

Entity Name: ST. PETERSBURG NEIGHBORHOOD HOUSING SERVICES, INCORPORATED

**Current Principal Place of Business:**

1600 DR. MARTIN L. KING ST. S.  
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

1600 DR. MARTIN L. KING ST. S.  
ST PETERSBURG, FL 33701 US

**New Mailing Address:**

FEI Number: 59-2026381      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

AQUIL, ASKIA M  
1600 DR. MARTIN L. KING ST. S.  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: GAUSMAN, APRIL  
Address: 535 KIRKWOOD TERRACE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: TD ( ) Delete  
Name: MANDULA, MARK  
Address: 1355 BRIGHTWATERS BLVD. NE  
City-St-Zip: ST PETERSBURG, FL 33704

Title: PD ( ) Delete  
Name: ROWAN, ROBERT  
Address: 1345 BRIGHTWATERS BLVD. NE  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: VD ( ) Delete  
Name: HENDRIEX, VALERIE  
Address: 5109 DR. MARTIN L. KING ST. S.  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: ED ( ) Delete  
Name: AQUIL, ASKIA M  
Address: 4730 6TH AVE. S.  
City-St-Zip: ST. PETERSBURG, FL 33711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ROWAN, ROBERT  
Address: 6687-1 CAPE HATTERAS WAY NE  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VD (X) Change ( ) Addition  
Name: NURSE, KARL J  
Address: 176 21ST AVENUE SOUTH EASE  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: TD (X) Change ( ) Addition  
Name: NEWSOME, LARRY J  
Address: 6307 PASADENA POINT BLVD  
City-St-Zip: GULFPORT, FL 33707

Title: SD (X) Change ( ) Addition  
Name: GAUSMAN, APRIL  
Address: POST OFFICE BOX 7103  
City-St-Zip: ST. PETERSBURG, FL 33734

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASKIA MUHAMMAD AQUIL

ED

02/26/2007

Electronic Signature of Signing Officer or Director

Date