

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 754191

FILED
Apr 04, 2003
Secretary of State

Entity Name: ST. PETERSBURG NEIGHBORHOOD HOUSING SERVICES, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1640 M.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 ()

Name and Address of Current Registered Agent:

AQUIL, ASKIA M
1640 M. 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: MCEACHERN, THERESA
Address: 621 25TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: TD () Delete
Name: PELLEY, LESLIE A
Address: 801 THIRD STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33701

Title: PD () Delete
Name: ROSS, HOWARD P
Address: 980 TYRONE BLVD
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VD () Delete
Name: WILLIAMS, ALICE Y
Address: 2230 8TH ST S
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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

04/04/2003

Electronic Signature of Signing Officer or Director

_____ Date