

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 754191

**Entity Name:** ST. PETERSBURG NEIGHBORHOOD HOUSING SERVICES, INCORPORATED

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2026381**

**Certificate of Status Desired: No**

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

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

*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: TREVOR MALLORY**

**02/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name SCANLAN, DEBORAH F  
Address 8018 36TH AVE N  
City-State-Zip: ST. PETERSBURG FL 33710

Title SD  
Name BEELER, BETTY H  
Address 875 13TH AVE. S.  
City-State-Zip: ST. PETERSBURG FL 33701

Title TD  
Name BUSH, JAMES D  
Address 4008 25TH AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33713

Title P  
Name MALLORY, TREVOR  
Address 4501 6TH ST. S.  
City-State-Zip: ST. PETERSBURG FL 33705

Title CHAIRMAN  
Name WELLS, ANTWAUN CB  
Address 1935 MELROSE AVE S  
City-State-Zip: ST. PETERSBURG FL 33712

*I hereby 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 all other like empowered.*

**SIGNATURE: DEBORAH SCANLAN**

**CHIEF EXECUTIVE OFFICER**

**02/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date