

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754191

**FILED**  
**Jan 29, 2015**  
**Secretary of State**  
**CC1118179067**

**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: Yes**

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

SCANLAN, DEBORAH F  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CD  
Name WILLIAMS, LARRY  
Address 400 12TH AVE. N.  
City-State-Zip: SAINT PETERSBURG FL 33701

Title SD  
Name ALLEN, MARY WYATT  
Address 4001 ALABAMA AVE NE  
City-State-Zip: SAINT PETERSBURG FL 33703

Title TD  
Name DEPUGH, R. V.  
Address 2164 15TH CIRCLE N.  
City-State-Zip: SAINT PETERSBURG FL 33713

Title P  
Name SCANLAN, DEBORAH F  
Address 4401 14TH ST. NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title VC  
Name HAMER, JANET R  
Address 520 OCEAN DUNES ROAD  
City-State-Zip: DAYTONA BEACH FL 32118

*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 F. SCANLAN**

**PRESIDENT**

**01/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date