

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754191

**FILED  
Jan 13, 2021  
Secretary of State  
2203282772CC**

**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 NURSE, KARL  
Address 176 21ST AVENUE SOUTHEAST  
City-State-Zip: SAINT PETERSBURG FL 33705

Title P  
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 VD  
Name BOSWELL, LINDSAY  
Address 1202 14TH ST. N.  
City-State-Zip: ST. PETERSBURG FL 33705

*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**

**PRESIDENT/CEO**

**01/13/2021**

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

\_\_\_\_\_  
Date