

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739025 (5)

1. Corporation Name

ST. PETERSBURG, FLORIDA, FEDERALLY ASSISTED HOUSING, INC.

Principal Place of Business

325 M.L. KING STREET SOUTH
PO BOX 12849
ST PETERSBURG FL 33733
US

Mailing Address

325 M.L. KING STREET SOUTH
PO BOX 12849
ST PETERSBURG FL 33733
US

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2. Principal Place of Business

2a. Mailing Address

21 3250 5th Avenue North

26 3250 5th Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 33713

25

29 33713

30

3. Date Incorporated or Qualified
05/12/1977

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1743241

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRICE, RAY
325 M.L. KING STREET S
ST PETE FL 33705

81 Name

Irions, Darrell J.

82 Street Address (P.O. Box Number is Not Acceptable)

3250 5th Avenue North

83

84 City

St. Petersburg

FL

85 Zip Code
33713

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

Darrell J. Irions, Secretary/Treasurer

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME PRICE, RAY
STREET ADDRESS 325 M L KING STREET S
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE
NAME ALEXANDER, EFFIE
STREET ADDRESS 325 M L KING STREET S
CITY-ST-ZIP ST PETERSBURG FL

TITLE VP ☐ DELETE
NAME WEITZEL, TED
STREET ADDRESS 325 M L KING STREET S
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE
NAME WHITNEY, DOROTHY
STREET ADDRESS 300 10TH ST. SOUTH, STE 532
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE
NAME KAUTE, DANIEL
STREET ADDRESS 3805 GULF BLVD
CITY-ST-ZIP ST. PETE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE D ☒ Change ☐ Addition
12 NAME Irions, Darrell J.
13 STREET ADDRESS 3250 5th Avenue North
14 CITY-ST-ZIP St. Petersburg, FL 33713

21 TITLE P ☐ Change ☒ Addition
22 NAME Alexander, Effie S.
23 STREET ADDRESS 3250 5th Avenue North
24 CITY-ST-ZIP St. Petersburg, FL 33713

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS 300 10th Street South
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
000001953920
-09/24/96--01002--013
*****\$1.25 *****\$1.25

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

Darrell J. Irions, Secretary/Treasurer(813) 323-3171

Date:

Daytime Phone: #

CR2E037 (12/95)