

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90190 018 *****61.25

DOCUMENT # 752491

1. Entity Name

**PRESBYTERIAN HOMES AND HOUSING FOUNDATION OF FLO
RIDA, INC.**



Principal Place of Business

**1051 2ND AVE N
ST PETERSBURG FL 33705**

Mailing Address

**1051 2ND AVE N
ST PETERSBURG FL 33705**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2004109**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AHRENHOLZ, THOMAS
1051 2ND AVE. NORTH
ST. PETERBURG FL 33705**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, LAURA	
STREET ADDRESS	390 WASHINGTON CT	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	LUKENS, ELAINE	
STREET ADDRESS	2245 GLENMOOR RD	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, GLORIA	
STREET ADDRESS	4302 DEEPWATER LN	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NUSSBAUM, LEO	
STREET ADDRESS	6909 9TH ST SO.336	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALBERTS, HENK	
STREET ADDRESS	10911 CARROLLWOOD DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIES, IDRIS	
STREET ADDRESS	2084 MASSACHUSETTS AVE. N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Idris L. Davies 2/28/03 727-894-0368**

CR2E037 (10/02)