

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 # 838051 (1)

1. Corporation Name

NATIONAL HOUSING MINISTRIES, INC.



Principal Place of Business

Mailing Address

1426 GULF TO BAY BLVD SUITE E  
CLEARWATER FL 34615-5313

1426 GULF TO BAY BLVD SUITE E  
CLEARWATER FL 34615-5313

3. Date Incorporated or Qualified  
03/17/1977

3a. Date of Last Report  
04/05/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
23-1975168

Applied For  
Not Applicable

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMPSON, LARRY D.  
1102 NORTH GADSDEN STREET  
TALLAHASSEE FL 32303

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME PAULTRE, GUY S  
STREET ADDRESS 2166 LANAI AVE  
CITY - ST - ZIP BELLEAIR BLUFFS, FL00000

TITLE D ☐ DELETE  
NAME WESTRATE, LEE J  
STREET ADDRESS 12 DRIFTWOOD RD.  
CITY - ST - ZIP AUDUBON, PA 0

TITLE D ☐ DELETE  
NAME JENKINS, RAYMOND  
STREET ADDRESS 140 E BUTLER AVE  
CITY - ST - ZIP AMBLER PA

TITLE V ☐ DELETE  
NAME SLY, MORGAN  
STREET ADDRESS 970 CANYON VIEW DR  
CITY - ST - ZIP LA VERNE CA

TITLE D ☐ DELETE  
NAME AUFFANT, JOHN J.  
STREET ADDRESS 37 MALLARD RISE  
CITY - ST - ZIP IRVINGTON NY

TITLE SD ☐ DELETE  
NAME GROCE, RUTH M.  
STREET ADDRESS 30341 SEAHORSE CIRCLE  
CITY - ST - ZIP CANYON LAKE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

813/441-4471

Date

Daytime Phone #

CR2E037 (12/95)