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FILED

Apr 01 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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., STE. D  
CLEARWATER FL 34615-5313

1426 GULF TO BAY BLVD., STE. D  
CLEARWATER FL 34615-5313



3. Date Incorporated or Qualified

03/17/1977

3a. Date of Last Report

03/11/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

25

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

23-1975168

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

BLANTON, EDWIN F ESQ.  
825 THOMASVILLE ROAD  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do 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 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

Date

Daytime Phone #

0066737

CR2E037 (9/96)