

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90098 041 ****61.25

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1. Corporation Name

NATIONAL HOUSING MINISTRIES, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/17/1977

4. FEI Number

23-1975168

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

9. Name and Address of Current Registered Agent

BLANTON, EDWIN F ESQ.
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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, FL 00000

TITLE D ☐ DELETE

NAME WESTRATE, LEE J

STREET ADDRESS 12 DRIFTWOOD RD.

CITY-ST-ZIP AUDUBON, PA 0

TITLE D ☐ DELETE

NAME JENKINS, FRANK

STREET ADDRESS 140 E. BUTLER AVE

CITY-ST-ZIP AMBLER PA 19002

TITLE D ☐ DELETE

NAME SLY, MORGAN

STREET ADDRESS 970 CANYONVIEW 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

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

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUY S. PAULTRE
President

2/22/99

Date

727/441-4971
Daytime Phone #

CR2E037 (11/98)