

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90042 013 ****61.25

DOCUMENT # 838051
 1. Entity Name
NATIONAL HOUSING MINISTRIES, INC.

Principal Place of Business Mailing Address
1426 GULF TO BAY BLVD., STE. D **1426 GULF TO BAY BLVD., STE. D**
CLEARWATER FL 34615-5313 **CLEARWATER FL 34615-5313**

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 Applied For
23-1975168 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BLANTON, EDWIN F ESQ.
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	PAULTRE, GUY S	
STREET ADDRESS	2166 LANAI AVE	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	WESTRATE, LEE J	
STREET ADDRESS	12 DRIFTWOOD RD.	
CITY-ST-ZIP	AUDUBON, PA 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, FRANK	
STREET ADDRESS	140 E. BUTLER AVE	
CITY-ST-ZIP	AMBLER PA 19002	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLY, MORGAN	
STREET ADDRESS	970 CANYONVIEW DR	
CITY-ST-ZIP	LA VERNE CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUFFANT, JOHN J.	
STREET ADDRESS	37 MALLARD RISE	
CITY-ST-ZIP	IRVINGTON NY	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GROCE, RUTH M.	
STREET ADDRESS	30341 SEAHORSE CIRCLE	
CITY-ST-ZIP	CANYON LAKE CA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	S	<input type="checkbox"/> Change <input checked="" 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: Guys Paultre **GUYS. PAULTRE** 2/14/01 727/441-4971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CR2E037 (10/00)