

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838051

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-1975168

Applied For

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

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
Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JENKINS, FRANK
140 E. BUTLER AVE
AMBLER PA 19002 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SLY, MORGAN
970 CANYONVIEW DR
LA VERNE CA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUY S. PAULTRE 2/20/02 727/441-4971

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90018 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)