

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90170 050 ****61.25

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

3. Mailing Address

2091 INDIAN AVE. S.

2091 INDIAN AVE. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BELLEAIR BLUFFS, FL

City & State

BELLEAIR BLUFFS, FL

4. FEI Number 23-1975168

Applied For

Not Applicable

Zip

33770

Country

PINELLAS

Zip

33770

Country

PINELLAS

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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:

SIGNATURE REQUIRED

GUY PAULTRE

2-20-03

727/584-6278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)