

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90041 048 ****61.25

DOCUMENT # N07940

1. Entity Name

COMMUNITY HOUSING OF PINELLAS COUNTY, INC.



Principal Place of Business

445 31ST STREET NORTH
SAINT PETERSBURG FL 33713
US

Mailing Address

445 31ST STREET NORTH
SAINT PETERSBURG FL 33713
US

• 30016148



1st MOORE

CR2E037 (10/04)

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

59-2689809

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACMATH, GARY
1236 9TH STREET NORTH
ST. PETERSBURG FL 33712 ~ 33713

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
Due By May 1, 2005

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

TITLE VD
NAME KOENIG, MARY ☒ Delete
STREET ADDRESS 6505 2ND AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE PD
NAME MITTERMAYR, MARKUS ☐ Delete
STREET ADDRESS 4400 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE STD
NAME MCINTYRE, W. SCOTT JR. ☒ Delete
STREET ADDRESS 6907 B 16 ST NE
CITY-ST-ZIP ST PETERSBURG FL

TITLE D
NAME BOWMAN, WARREN ☐ Delete
STREET ADDRESS ~~1236 9TH STREET NORTH~~
CITY-ST-ZIP ~~ST. PETERSBURG FL 33712~~

TITLE D
NAME MISIEWICZ, PAUL ☐ Delete
STREET ADDRESS ~~1236 9TH STREET NORTH~~
CITY-ST-ZIP SAINT PETERSBURG FL 33705

TITLE D
NAME POYNTER, SALLY ☐ Delete
STREET ADDRESS ~~1236 9TH STREET NORTH~~
CITY-ST-ZIP SAINT PETERSBURG FL 33705

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Change ☒ Addition
NAME Bussey, Rutland
STREET ADDRESS 445 31st St. N.
CITY-ST-ZIP St. Petersburg FL 33713

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

TITLE D ☐ Change ☒ Addition
NAME Pitts, Bob
STREET ADDRESS 445 31st St N.
CITY-ST-ZIP St. Petersburg FL 33713

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 445 31st St. N.
CITY-ST-ZIP St. Petersburg FL 33713

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 445 31st St. N.
CITY-ST-ZIP St. Petersburg, FL 33713

TITLE STD ☒ Change ☐ Addition
NAME
STREET ADDRESS 445 31st St. N.
CITY-ST-ZIP St. Petersburg, FL 33713

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

Date

Daytime Phone #

1/20/05

(727) 821-4819