

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90056 043 ****70.00

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**

40020204



DO NOT WRITE IN THIS SPACE

01252007 No Chg-NP CR2E037 (4/06)

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
445 31ST STREET, N
SAINT PETERSBURG, FL 33713**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BUSSEY, RUTLAND
445 31ST ST. N
SAINT PETERSBURG, FL 33713**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PITTS, BOB
445 31ST ST. N
SAINT PETERSBURG, FL 33713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOWMAN, WARREN
445 31ST ST. N
SAINT PETERSBURG, FL 33713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MISIEWICZ, PAUL
445 31ST ST. N
SAINT PETERSBURG, FL 33713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
POYNTER, SALLY
445 31ST ST. N
SAINT PETERSBURG, FL 33713**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Paul Misiewicz

2/2/07

Date

821-4819

Daytime Phone #