

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

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90077 016 ****61.25

DOCUMENT # N09656

1. Entity Name

B & H GROUP HOMES, INC.



Principal Place of Business
**6465 - 32ND AVENUE NORTH
ST. PETERSBURG FL 33710
US**

Mailing Address
**P.O. BOX 14072
ST. PETERSBURG FL 33733
US**

50018385



1st MOORE CR2E037 (10/04)

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

59-2561561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDREWS, LANCE, ESQ.
2828 66TH TERRACE
111 - 2ND AVE NE
ST. PETERSBURG FL 33712**

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 **DVP** ☐ Delete
NAME **SCHNEIDER, ROBERT L.**
STREET ADDRESS **12003 96TH PL N**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **DP** ☐ Delete
NAME **SCHNEIDER, MARION L.**
STREET ADDRESS **6465-32 AVE.,N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **DT** ☐ Delete
NAME **SCHNEIDER, HELEN J..**
STREET ADDRESS **6465-32 AVE.,N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **DS** ☐ Delete
NAME **GRIZZEL, TERESA L.**
STREET ADDRESS **830 - 118TH TERR NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
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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:

Helen Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05

727-327-1019

Date

Daytime Phone #