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**Mar 03, 1999 8:00 am**  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N23978**

1. Corporation Name

**CENTERS HOUSING, INC.**

Principal Place of Business

2801 N. 17TH ST.  
C/O LOUIS JONES. P.O. BOX 5746  
TAMPA FL 33605-2622  
US

Mailing Address

2801 N. 17TH ST.  
C/O LOUIS JONES. P.O. BOX 5746  
TAMPA FL 33605-2622  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

**12/18/1987**

4. FEI Number

**NOT-APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

JONES, LOUIS  
2801 N. 17TH ST  
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LOPER, JAMES B.	1.2 NAME	
STREET ADDRESS	704 W. BAY ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BENNET, TIM	2.2 NAME	
STREET ADDRESS	9417 PRINCESS PALM AVE #575	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	HEAD, VINCENT	3.2 NAME	Harvey, Charles
STREET ADDRESS	119 N. BURLINGTON AVE	3.3 STREET ADDRESS	3301 Bayshore Blvd 1002
CITY-ST-ZIP	TAMPA FL 33617	3.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	SD	4.1 TITLE	SD
NAME	NILES, WALTER W.	4.2 NAME	Robinson, Roy
STREET ADDRESS	2004 E. BROAD ST	4.3 STREET ADDRESS	2100 E 26th Ave
CITY-ST-ZIP	TAMPA FL 33610	4.4 CITY-ST-ZIP	Tampa, FL 33605
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roy Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

248-6259

Date

Daytime Phone #

CR2E037 (1/98)