

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23978

**FILED**  
**Feb 04, 2004**  
**Secretary of State****Entity Name:** CENTERS HOUSING, INC.**Current Principal Place of Business:**2801 N. 17TH ST.  
C/O LOUIS JONES, P.O.BOX 5746  
TAMPA, FL 336052622 US**New Principal Place of Business:****Current Mailing Address:**2801 N. 17TH ST.  
C/O LOUIS JONES, P.O. BOX 5746  
TAMPA, FL 336052622 US**New Mailing Address:****FEI Number:** 59-0638509**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**JONES, LOUIS  
2801 N. 17TH ST  
TAMPA, FL 33605 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** VP ( ) Delete  
**Name:** TYSON, CHANDRA  
**Address:** 1315 SPRUCE STREET  
**City-St-Zip:** TAMPA, FL 33607**Title:** PD ( ) Delete  
**Name:** BENNET, TIM  
**Address:** 6604 HARNEY ROAD  
**City-St-Zip:** TAMPA, FL 33610**Title:** SD ( ) Delete  
**Name:** MCGILL, KATIE  
**Address:** 305 S. HYDE PARK AVENUE  
**City-St-Zip:** TAMPA, FL 33606**Title:** TD ( ) Delete  
**Name:** NILES, WALTER  
**Address:** 2916 N. JEFFERSON ST  
**City-St-Zip:** TAMPA, FL 33602**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VP (X) Change ( ) Addition  
**Name:** LOPER, JAMES  
**Address:** 15438 N. FLORIDA AVENUE, SUITE 101  
**City-St-Zip:** TAMPA, FL 33613**Title:** PD (X) Change ( ) Addition  
**Name:** BENNET, TIM  
**Address:** 13805 LAZY OAK DRIVE  
**City-St-Zip:** TAMPA, FL 33613**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS JONES

PD

02/04/2004

Electronic Signature of Signing Officer or Director

Date