

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N32968** (2)

1. Corporation Name

**ADVOCATES FOR SHELTER/ACTION POLICY, INC.**



Principal Place of Business

PO BOX 3910  
ST. PETERSBURG FL 33731-3910

Mailing Address

PO BOX 3910  
ST. PETERSBURG FL 33731-3910

3. Date Incorporated or Qualified  
**06/26/1989**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **423 11th Ave. So.**

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **St. Petersburg 33701**

27 City & State

City & State

City & State

23 Zip  
**33701**

Country  
**Pinellas**

28 Zip

Country

24

25

29

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4. FEI Number  
**65-0132187**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, THOMAS L  
9429 122ND AVE., N.  
CLEARWATER FL**

81 Name  
**Anthony Russo**

82 Street Address (P.O. Box Number is Not Acceptable)  
**Bayport Plaza suite 1100**

83 **6200 Courteney Campbell Causeway**

84 City  
**Tampa, Florida**

FL 85 Zip Code  
**33607**

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]*

(NOTE: Registered Agent signature required when re-registering)

DATE

**1/23/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANDERSON, THOMAS L</b>	
STREET ADDRESS	<b>9429 122ND AVE., N.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MALONE, JOAN</b>	
STREET ADDRESS	<b>5080 LOCUST ST., NE #223</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DEGREGORY, HUGO</b>	
STREET ADDRESS	<b>1630 58TH AVE., S.</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CRUTCHFIELD, COLEEN</b>	
STREET ADDRESS	<b>1191 EDEN ISLE DR.</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLMAN, AURORA</b>	
STREET ADDRESS	<b>4900 38TH WAY, SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILDA, DANIELLE</b>	
STREET ADDRESS	<b>4200 14TH LANE NE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Anthony Russo</b>	
1.3 STREET ADDRESS	<b>Bayport Plaza suite 1100</b>	
1.4 CITY-ST-ZIP	<b>6200 Court Camp Causeway, Tampa 33607</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<b>S</b>	
2.2 NAME	<b>Joy Parrish</b>	
2.3 STREET ADDRESS	<b>1 Beach Dr. S.E. #1806</b>	
2.4 CITY-ST-ZIP	<b>St. Petersburg Fl 33701</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*[Signature]* **Hugo DeGregory**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-22-96**  
Date

**864-3582**  
Daytime Phone

CR2E037 (12/95)