## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business

**423 11TH AVE SO** 

N32968

Mailing Address

PO BOX 3910

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

ST PETERSBUR	ig FL 33701		ST.	ST. PETERSBURG FL 33731-3910									
US									<ol> <li>Date Incorporated or Qualifie 06/26/1989</li> </ol>	eci 3a. D	oate of Las 01/29/	st Report 1996	
<del></del>	Place of Busin	ess	2a.	2a. Mailing Address				- 7	4. FEI Number			Applied For	
21			26	······································					65-0132187			Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	×		5 Additional Required	
City & State				City & State				- (	6. Election Campaign Financing	9	\$5.0	00 May Be	
23		<del></del>	28						Trust Fund Contribution			led to Fees	
Zıp	Country			Zip Cou			,	8	8. This corporation has liability			er s. 199.032,	
24		25 Address of Sussess	29		30	<del>, .</del> .			Florida Statutes		□ No		
	9, Name	and Address of Curren	il Regis	tered Agent		1	····	0. Name and Address of New	Registered	Agent	<u></u>		
DUAGO MATERIALIS						81	Name	9					
RUSSO, ANTHONY BAYPORT PLAZA SUITE 1100						82	Street	t Address	(P.O. Box Number is Not Accept	otable)		1	
6200 COURTENEY CAMPBELL CAUSEWAY						83					<del></del>	<del></del>	
TAMPA FL 33607						64	City			FL	_     -	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													
12.	Signature, lyped o	or printed name of registered age					ent signature	re required wh	ten reinstating)	DATE			
TITLE	ם	OFFICERS ANI	DINEC	DELETE				1	ADDITIONS/CHANGES TO OF	FICERS AN			
	1							D			Chang	ge 🔀 Addition	
	AME RUSSO, ANTHONY								n Malone				
STREET ADORESS									0 Locust St.,				
CITY-ST-ZIP	TAMPA F	'L		DESCRI	_	4 CITY-S	T-ZIP	St.	<u>Petersburg, F</u>	L 337	03	F-1	
TITLE	S	144		☐ DELETE		1 TITLE		Dire	ector		Chang	ge Addition	
NAME	PARRISH				4	2 NAME						•	
STREET ADDRESS	1 BEACH DR S E # 1806 ST PETERSBURG FL					2 3 STREET ADDRESS							
CITY-ST-ZIP	SI PEIE	RSBURG FL	Deceme		4 CiTY-S	ST-ZIP	<b>.</b>						
TITLE	1	**** *****		☐ DELETE				Secr	retary		Chang	ge 🔀 Addition	
NAME		ORY, HUGO			3.2 N			Susa	an Layer				
STREET ADDRESS		TH AVE.,S.			3.3 S			1400	)1 Spoonbill La	ane			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	RSBURG FL			3	4. CITY - 9	ST-ZIP	Clea	rwater, FL 340	622			
TITLE	D			☐ DELETE	4.	.1 TITLE		D			Chang	ge 🔀 Addition	
NAME		FIELD, COLEEN			4	2 NAME		Joe	Myers				
STREET ADDRESS		en isle dr			4	.3 STREET	ADDRESS	1740	8 Gulf Blvd	22	905		
CITY-ST-ZIP		RSBURG FL			4	4 CITY - S	T-ZIP		ington Shores,	FL 33	1/00		
TITLE	D			DELETE	5.	.1 TITLE		D		***************************************	☐ Chang	ge 💢 Addition	
NAME		n, aurora			5.	.2 NAME			Bette Wimbish				
STREET ADDRESS		TH WAY, SOUTH			5.	3 STREET	ADDRESS		0 34th St. S.			•	
CITY-ST-ZIP	ST. PETE	RSBURG FL			5	4 CITY - S	T-ZIP	st.	Petersburg, F	L 337	11	:	
TITLE	B			DELETE	6.	.1 TITLE		D	······································		☐ Chang	ge 🔀 Addition	
NAME	WILDA D				6.	.2 NAME		1 -	ria Gifford			•	
STREET ADDRESS	4200 141	H DANE NE			6.	.3 STREET	ADDRESS	441	1 11th Ave. N.				
CITY-ST-ZIP		RSBURG Ft			6.	.4 CITY+S	T-ZIP	St.	Petersburg, F	L 337	13		
Informatio	14. I do 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.												

an address. ugo DeGregory, Treasurer

**FILED** 

Jan 27 1997 8:00am

Secretary of State

# - ADVOCATES FOR SHELTER ACTION/POLICY



DROP-IN CENTER: 423 11th Ave. So., St. Petersburg, FL 33701 (813) 821-6627 • (813) 823-5665

WOMEN'S SHELTER: 437 11th Ave. So., St. Petersburg, FL 33701

MAILING ADDRESS: PO Box 3910, St. Petersburg, FL 33731-3910

#### Additional Directors

A.S.A.P. INC. BOARD
Thomas L. Anderson
Colleen Crutchfield
Hugo DeGregory
Lucinda J. Durning
Liz Finch
Gloria Gifford
Shirley Insoft
Aurora Kellman
Irving Kellman
Joan Malone
Joy Parrish
Anthony Russo
Danielle Wilda
C. Bette Wimbish

Bonnie Wolverton

ADVISORY BOARD
Bob & Pattie Bitterli
Lounell Britt
Vyrle Davis
Marge Gibbons
Andrea Kinney
Joseph & Ann Myers
Art O'Hara
George K. Rahdert
John & Sheila Stewart
Sue Walsh

Marque Lynche - Director

Thomas L. Anderson 9429 122nd Ave. N. Largo, FL 34643

D Shirley Insoft 8069 13th Ave. S., St. Petersburg, FL 33707

D Irving Kellman 4904 38th Way S. St. Petersburg, FL 33711