

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32968 (2)
1. Corporation Name
ADVOCATES FOR SHELTER/ACTION POLICY, INC.



Principal Place of Business 423 11TH AVE SO ST PETERSBURG FL 33701 US	Mailing Address PO BOX 3910 ST. PETERSBURG FL 33731-3910
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/26/1989
4. FEI Number 65-0132187
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent RUSSO, ANTHONY BAYPORT PLAZA SUITE 1100 6200 COURTENEY CAMPBELL CAUSEWAY TAMPA FL 33607	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when relistening) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	JOAN MALONE
STREET ADDRESS	5080 LOCUST ST., N.E. #223
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	PARRISH, JOY
STREET ADDRESS	1 BEACH DR S E # 1806
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SUSAN LAYER
STREET ADDRESS	14001 SPOONBILL LANE
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	JOE MYERS + Ann Myers
STREET ADDRESS	17408 GULF BLVD.
CITY-ST-ZIP	REDINGTON SHORES FL
TITLE	<input type="checkbox"/> DELETE
NAME	C. BETTE WIMBISH
STREET ADDRESS	7200 34TH ST., S. #14B
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	GLORIA GIFFORD
STREET ADDRESS	4411 11TH AVE., N.
CITY-ST-ZIP	ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	T/D Helen Letter
1.3 STREET ADDRESS	3521 4th Ave N
1.4 CITY-ST-ZIP	St. Petersburg FL 33713
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	6445 4th Ave N
2.3 STREET ADDRESS	ST PETERSBURG FL 33710
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Thomas L. Anderson
3.3 STREET ADDRESS	9429 122nd Ave N
3.4 CITY-ST-ZIP	Largo FL 31643
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Colleen Crutchfield
4.3 STREET ADDRESS	935 Eden Isle Dr. NE
4.4 CITY-ST-ZIP	St. Petersburg FL 33704
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Shirley Insoft
5.3 STREET ADDRESS	8069 13th Ave S.
5.4 CITY-ST-ZIP	St. Petersburg FL 33707
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S/D
6.3 STREET ADDRESS	
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.

SIGNATURE: *Helen Letter* *1-22-98* *813-321-9086*

CR2E037 (10/97)