

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90098 050 ****61.25

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DOCUMENT # N32968

1. Corporation Name

ADVOCATES FOR SHELTER/ACTION POLICY, INC.

Principal Place of Business

423 11TH AVENUE SOUTH
ST. PETERSBURG FL 33701
US

Mailing Address

PO BOX 3910
ST. PETERSBURG FL 33731-3910



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/26/1989

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

9. Name and Address of Current Registered Agent

RUSSO, ANTHONY
BAYPORT PLAZA SUITE 1100
6200 COURTENEY CAMPBELL CAUSEWAY
TAMPA FL 33607

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

TITLE ☒ DELETE
NAME **TD HELEN LETTER**
STREET ADDRESS **3521 4TH AVE N**
CITY-ST-ZIP **TAMPA FL 33713**

TITLE ☐ DELETE
NAME **TD LETTER, HELEN**
STREET ADDRESS **6445 4TH AVE N**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE ☐ DELETE
NAME **D THOMAS L ANDERSON**
STREET ADDRESS **9429 122ND AVE N**
CITY-ST-ZIP **LARGO FL 34643**

TITLE ☐ DELETE
NAME **D JOE MYERS & ANN MYERS**
STREET ADDRESS **17408 GULF BLVD., #1504**
CITY-ST-ZIP **ST. PETERSBURG FL 33708**

TITLE ☒ DELETE
NAME **D C. BETTE WIMBISH**
STREET ADDRESS **7200 34TH ST., S. #14B**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE ☐ DELETE
NAME **D ANDERSON, THOMAS**
STREET ADDRESS **9422 122ND AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **TD Robyn Fiel**
1.3 STREET ADDRESS **265 - 126th Ave.**
1.4 CITY-ST-ZIP **Treasure Island, FL 33706**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D Colleen Crutchfield**
5.3 STREET ADDRESS **935 Eden Isle Dr. N.E.**
5.4 CITY-ST-ZIP **St. Petersburg, FL 33704**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

727-895-8822

Daytime Phone #

CR2E037 (11/98)