

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90049 017 \*\*\*\*\*61.25

**DOCUMENT # N32968**

1. Entity Name

ASAP HOMELESS SERVICES, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0132187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FEIL, ROBYN 265- 126TH AVE TREASURE ISLAND FL 33706	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD RUSSO, ANTHONY 6200 COURTENEY CAMPBELL CSWY SUITE 1100 TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KONOW, KIMBERLY 14228 PUFFIN CT CLEARWATER FL 33762	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MYERS, JOE 17408 GULF BLVD., #1504 ST. PETERSBURG FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CRUTCHFIELD, COLLEEN 935 EDEN ISLE DR NE ST PETERSBURG FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, PEGGY 1656 ANASTASIA WAY S SAINT PETERSBURG FL 33712	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Christina Porter 14125 Whisperwood Dr Clearwater, FL 33762	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUSSO, ANTHONY 6200 COURTENEY CAMPBELL CAUSEWAY TAMPA, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONOW, KIMBERLY 14228 PUFFIN CT. CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATLER, KAREN 1008 54th ST So. ST. PETERSBURG, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, PEGGY 1656 ANASTASIA WAY So ST. PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joy Parrish 6445 4th Ave. No St. Petersburg, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*H. Joseph Myers* H JOSEPH MYERS

3/5/04 727-823-5665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment  
94026734

Document # N32968

ASAP HOMELESS SERVICES, INC.

11. (Continued) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Hopkins	
STREET ADDRESS	2401 15th Ave S	
CITY-ST-ZIP	St Petersburg, FL 33712	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Polly Leavengood	
STREET ADDRESS	450 Treasure Island Causeway #307	
CITY-ST-ZIP	St Petersburg, FL 33706	