

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32968

FILED
Apr 27, 2005
Secretary of State

Entity Name: ASAP HOMELESS SERVICES, INC.

Current Principal Place of Business:

423 11TH AVENUE SOUTH
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3910
ST. PETERSBURG, FL 337313910

New Mailing Address:

FEI Number: 65-0132187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: PORTER, CHRISTINA
Address: 14125 WHISPERWOOD DR
City-St-Zip: CLEARWATER, FL 33762

Title: VD () Delete
Name: RUSSO, ANTHONY
Address: 6200 COURTENAY CAMBELL CSWY SUITE 1100
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: KONOW, KIMBERLY
Address: 14228 PUFFIN CT
City-St-Zip: CLEARWATER, FL 33762

Title: S () Delete
Name: MYERS, JOE
Address: 17408 GULF BLVD., #1504
City-St-Zip: ST. PETERSBURG, FL 33708

Title: D () Delete
Name: WILLIAMS, PEGGY
Address: 1656 ANASATASIA WAY SO
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: PD () Delete
Name: PARRISH, JOY
Address: 6445 4TH AVE NO
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SHEA, DENNIS
Address: 534 31ST AVE. NO.
City-St-Zip: ST. PETERSBURG, FL 33704

Title: S (X) Change () Addition
Name: RUSSO, ANTHONY
Address: 6200 COURTENAY CAMBELL CSWY SUITE 1100
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MYERS, JOE
Address: 17408 GULF BLVD., #1504
City-St-Zip: ST. PETERSBURG, FL 33708

Title: D (X) Change () Addition
Name: GLONEK, LISA
Address: 4299 14TH ST. NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY J. RUSSO

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04/27/2005

Electronic Signature of Signing Officer or Director

Date