

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32968

FILED
Jan 07, 2008
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
777 SO. HARBOUR ISLAND BLVD.
STE. 500
TAMPA, FL 33602 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: D () Delete
Name: SHEA, DENNIS
Address: 423 11TH AVE. SO.
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D () Delete
Name: GREENFIELD, SONDR
Address: 423 11TH AVE. SO.
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D () Delete
Name: GLONEK, LISA
Address: 423 11TH AVE. SO.
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D () Delete
Name: RUSSO, ANTHONY
Address: 423 11TH AVE. SO.
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D () Delete
Name: KONOW, KIMBERLY
Address: 423 11TH AVE. SO.
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D () Delete
Name: DAVIDSON, CHAS.
Address: 423 11TH AVE. SO.
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: LEAVENGOOD, POLLY
Address: 423 11TH AVE. SO.
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D (X) Change () Addition
Name: OMLOR, JACK
Address: 423 11TH AVE. SO.
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 RUSSO

D

01/07/2008

Electronic Signature of Signing Officer or Director

Date