

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32968

FILED  
Feb 10, 2009  
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:

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

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: KAREN B. BUTLER

02/10/2009

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: LEAVENGOOD, POLLY  
Address: 423 11TH AVE. SO.  
City-St-Zip: ST. PETERSBURG, FL 33701

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

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

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

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: KAREN B. BUTLER

D

02/10/2009

Electronic Signature of Signing Officer or Director

Date