

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32968

FILED
Jan 08, 2011
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:

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

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:

BOLDEN, KAREN L EXECUTI
423 11TH AVENUE SOUTH
ST. PETERSBURG, FL 33701 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
Name: SHEA, DENNIS
Address: 423 11TH AVE. SO.
City-St-Zip: ST. PETERSBURG, FL 33701

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

Title: D
Name: COLLINS, DAVID
Address: 423 11TH AVE. SO.
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D
Name: BOLDEN, KAREN L
Address: 423 11TH AVE. SO.
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D
Name: CARTNER, JIM
Address: 423 11TH AVE. SO.
City-St-Zip: ST. PETERSBURG, FL 33701

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

I hereby 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 all other like empowered.

SIGNATURE: KAREN L. BOLDEN

EXEC

01/08/2011

Electronic Signature of Signing Officer or Director

Date