

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32968

FILED  
Jan 11, 2012  
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:**

ROBINSON, SHAUN  
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: SHAUN ROBINSON

01/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ROBINSON, SHAUN  
Address: 423 11TH AVE. SO.  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: DV  
Name: CARD, JASON  
Address: 423 11TH AVE. SO.  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: DS  
Name: CARD, NYLMA  
Address: 423 11TH AVE. SO.  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: DT  
Name: CUTTING, LEAH  
Address: 423 11TH AVE. SO.  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D  
Name: THORNSBERRY, LISA  
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: SHAUN ROBINSON

DP

01/11/2012

Electronic Signature of Signing Officer or Director

Date