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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N37633

1. Corporation Name

AFFORDABLE HOUSING CORPORATION OF PINELLAS COUNTY, INC.

* 5 8 4 3 2 *
 504330-90131-42

Principal Place of Business

1040 SANABEL CT. NE.
 ST PETERSBURG FL 33702

Mailing Address

P.O. BOX 40988
 ST PETERSBURG FL 33743-0988



2. Principal Place of Business

21 **200 Central Ave**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 **Suite 1900**

27 City & State

23 **St Petersburg FL**

28 Zip Country

24 **33703**

25 **Pinellas**

29

30

3. Date Incorporated or Qualified

04/11/1990

4. FEI Number

59-3008187

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SEBESTA, JAMES A.
 1040 SANABEL COURT NE
 ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name **Denise G. Unley**
 82 Street Address (P.O. Box Number is Not Acceptable) **630 - 47th Avenue North**
 83
 84 City **St Petersburg FL** 85 Zip Code **33703**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Denise G. Unley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TV	<input checked="" type="checkbox"/> DELETE
NAME	FEINBERG, RICHARD R.	
STREET ADDRESS	12125 FIFTH STREET EAST	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	TT	<input checked="" type="checkbox"/> DELETE
NAME	SEBESTA, JIM	
STREET ADDRESS	1040 SANABEL CT NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	TP	<input type="checkbox"/> DELETE
NAME	UNLEY, DENISE G	
STREET ADDRESS	200 CENTRAL AVENUE, THIRD FLOOR	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SEAMAN, CAROL	
STREET ADDRESS	14 SOUTH FORT HARRISON, STE. 3050	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	BRICKLEY, PAMELA NEET	
STREET ADDRESS	4901 34TH ST SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	George Smith	
1.3 STREET ADDRESS	945 20th Street So.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33712	
2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Charlie Mann	
2.3 STREET ADDRESS	1997 Stanton Avenue	
2.4 CITY-ST-ZIP	Largo, FL 34640	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	200 Central Avenue, Suite 1900	
3.4 CITY-ST-ZIP	St Petersburg, FL 33701	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Nikki Gaskin	
5.3 STREET ADDRESS	7800 - 113th St. North	
5.4 CITY-ST-ZIP	Seminole, FL 33772	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Denise G. Unley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99

Date

727/892-1720

Daytime Phone #

CR2E037 (1/98)