

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42824

FILED
Apr 29, 2005
Secretary of State

Entity Name: ASSISTED NON-PROFIT HOUSING, INC.

Current Principal Place of Business:

4610 CENTRAL AVE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

P O BOX 2911
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 59-3189150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEFOUR, GEORGE A.
4610 CENTRAL AVE
TAMPA, FL 33603 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: SIGISMUND, STANLEY P
Address: 8006 GREENSHIRE DR
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: REYNOLDS, JERRY
Address: 11723 PRIMROSE DR.
City-St-Zip: TEMPLE TERRACE, FL

Title: DP () Delete
Name: WASKO, ELEANOR
Address: 5326-109 CHARLOTTE AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DS () Delete
Name: COLLINS, CATHERINE M
Address: 5412-104 CHARLOTTE AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: COSTON, MADELINE
Address: 63063 POLLY DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MADELINE COSTON

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date