

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:11

DOCUMENT # N44066

(1)

1. Corporation Name

NEIGHBORHOOD HOUSING SERVICES OF FORT PIERCE, FL
ORIDA, INC.

Principal Place of Business

Mailing Address

1203 ORANGE AVENUE
FORT PIERCE FL 34950

1203 ORANGE AVENUE
FORT PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/24/1991

3a. Date of Last Report
03/22/1994

4. FEI Number
65-0269870

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, MICHAEL J
1203 ORANGE AVENUE
FORT PIERCE FL 34950

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when restate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

SMITH, VERNON

STREET ADDRESS

2211 OKEECHOBEE ROAD

CITY - ST - ZIP

FT. PIERCE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

D

NAME

ARNETT, DORTHEA

STREET ADDRESS

705 S 8TH STREET

CITY - ST - ZIP

FT. PIERCE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change

☐ Addition

TITLE

PD

NAME

BROWN, MICHAEL

STREET ADDRESS

100 S SECOND STREET

CITY - ST - ZIP

FT. PIERCE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change

☐ Addition

TITLE

D

NAME

BALLARD, DOUGLAS A.

STREET ADDRESS

500 BOSTON AVE.

CITY - ST - ZIP

FT. PIERCE FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change

☐ Addition

TITLE

D

NAME

SMITH, MAZELLA D.

STREET ADDRESS

500 BOSTON AVE.

CITY - ST - ZIP

FT. PIERCE FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☒ Addition

TITLE

TD

NAME

JOHNSON, SARAH

STREET ADDRESS

501 ORANGE AVE

CITY - ST - ZIP

FT. PIERCE FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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.

SIGNATURE: HORATIO GRISBY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Office

Signature Number

6680787