

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N44066 (1)

1. Corporation Name

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



Principal Place of Business

**1203 ORANGE AVENUE
FORT PIERCE FL 34950**

Mailing Address

**1203 ORANGE AVENUE
FORT PIERCE FL 34950**

3. Date Incorporated or Qualified
06/24/1991

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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**

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

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 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

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 **D** ☐ DELETE
NAME **FITZGERALD, JIM**
STREET ADDRESS **2211 OKEECHOBEE ROAD**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **PD** ☐ DELETE
NAME **GRISBY, HORATIO**
STREET ADDRESS **1306 AVENUE "O"**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **D** ☐ DELETE
NAME **BROWN, MICHAEL**
STREET ADDRESS **100 S SECOND STREET**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **D** ☐ DELETE
NAME **SESSIONS, REGINAL**
STREET ADDRESS **P.O. BOX 1480**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **D** ☐ DELETE
NAME **SMITH, MAZELLA D.**
STREET ADDRESS **500 BOSTON AVE.**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **D** ☐ DELETE
NAME **JOHNSON, SARAH**
STREET ADDRESS **501 ORANGE AVE**
CITY-ST-ZIP **FT. PIERCE FL**

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☐ Addition
1.2 NAME **TABOR, CONI**
1.3 STREET ADDRESS **815 ATLANTIC AVENUE**
1.4 CITY-ST-ZIP **FORT PIERCE, FL**

2.1 TITLE **TD** ☐ Change ☐ Addition
2.2 NAME **BRENNER, HOWARD**
2.3 STREET ADDRESS **1630 SEAWAY DRIVE #307**
2.4 CITY-ST-ZIP **FORT PIERCE, FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 119.07(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:

Coni Tabor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

Date:

(407) 465-5311

Daytime Phone #

CR2E037 (12/95)