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Jun 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 34950-8859



3. Date Incorporated or Qualified
06/24/1991

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 PRESIDENT
NAME FITZGERLAD, JIM
STREET ADDRESS 2211 OKEECHOBEE ROAD
CITY-ST-ZIP FT. PIERCE FL

TITLE D VICE PRESIDENT
NAME GRISBY, HORATIO
STREET ADDRESS 1306 AVENUE "O"
CITY-ST-ZIP FT. PIERCE FL

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

TITLE D
NAME SESSIONS, REGINALD
STREET ADDRESS P.O. BOX 1480
CITY-ST-ZIP FT. PIERCE FL

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

TITLE D SECRETARY
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 DT
1.2 NAME HOWARD BRENNER
1.3 STREET ADDRESS 1630 SEAWAY DRIVE #307
1.4 CITY-ST-ZIP FORT PIERCE, FL 34948

2.1 TITLE D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

14. I do 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.

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