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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90018 048 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44262

1. Corporation Name

CHRISTOPHER HOUSE, INCORPORATED

Principal Place of Business

Mailing Address

4401 14TH ST. N.E.
ST. PETERSBURG FL 33703

4401 14TH ST. N.E.
ST. PETERSBURG FL 33703



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/15/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3082473

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCANLAN, DEBORAH
4401 14TH ST. N.E.
ST. PETERSBURG FL 33703

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☐ DELETE

NAME HUGHES, EDWARD J, JR

STREET ADDRESS 525 8TH AVE NORTH

CITY-ST-ZIP ST PETERSBURG FL

TITLE DVPS ☐ DELETE

NAME SCANLAN, DEBORAH

STREET ADDRESS 4401 14TH ST. N.E.

CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE DVP ☐ DELETE

NAME WALLACE, ELIZABETH

STREET ADDRESS 9150 BLIND PASS ROAD

CITY-ST-ZIP ST. PETERSBURG FL 33706

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

Deborah Scanlan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

727 522-7125

Daytime Phone #

CR2E037 (11/98)