

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 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 # N49660 (6)

1. Corporation Name

COMMUNITY HOUSING RESOURCE BOARD OF ST. PETERSBURG, INC.



Principal Place of Business

Mailing Address

P.O. BOX 688
ST. PETERSBURG FL 33731-0688

P.O. BOX 688
ST. PETERSBURG FL 33731-0688

3. Date Incorporated or Qualified
07/01/1992

3a. Date of Last Report
07/31/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3130609

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNLEY, DENISE
200 CENTRAL AVENUE
BARNETT TOWER, 19TH FLOOR
ST. PETERSBURG FL 33701

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 DT
NAME UNLEY, DENISE G
STREET ADDRESS 200 CENTRAL AVE., 3RD FL
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DS
NAME OIJ, RENE
STREET ADDRESS 490 1ST AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE DVP
NAME ESPAREA, MARK ESQ
STREET ADDRESS 475 CENTRAL AVENUE
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE D
NAME BROWN, LOUIS D., JR.
STREET ADDRESS 2900 18TH AVE.
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE D
NAME HORNER, KEN
STREET ADDRESS 365-105TH TERRACE NE
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE DP
NAME ROWAN, ROBERT
STREET ADDRESS 175 - 5TH ST NO.
CITY-ST-ZIP ST PETERSBURG FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS One Fourth Street North
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.

SIGNATURE:

Bob Rowan Bob Rowan 1/21/97 813/892-5560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051260

CFR2E037 (9/96)