NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N49660

COMMUNITY HOUSING RESOURCE BOARD OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

1	TLED)	
Aug 13,	1998	8:00	am
Secret	ary of	State	<u>.</u>
	•		

P.O. BOX 688			3. Date Incorporated or Qualified	
ST. PETERSBURG, FL 33731-0688			JULY 1, 1992	1000
			4. FEI Number	Applied For
			59-3130609	Not Applicable
2. Principal Place of Business 21 200 CENTRAL AVENUE	2a. Mailing Address 26 200 CENTRAL	AVENUE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
1900	27 1900 L27531	901	Trust Fund Contribution	Added to Fees
ST & PETERSBURG, FL	ST. PETERSBURG, FL		7. Is this nonprofit corporation a homeowners association? Yes	
		Country	8. This corporation owes or has paid the o	current year Intangible
Zio 33701 Country USA	Zip 33701	30 USA	Personal Property Tax due June 30.	Yes X No
Name and Address of Current I	Registered Agent	1	10. Name and Address of New Registere	d Agent
DENISE UNLEY L27531901				
200 CENTRAL AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)		
DADNETTE TOMED 19TH ET OOD			ENTRAL AVENUE, SUITE 19	
ST. PETERSBURG, FL 33701		83		
		84 City	PETERSBURG F	85 Zip 3700
11. Pursuant to the provisions of Sections 617,0502	and 617 1508. Florida Statute	the chave named corp	oration submite this statement for the purpose	of changing its registered
I office or registered agent or both in the State of	Florida, Such change was au	ithorized by the curboralli	on's board of directors. I hereby accept the ap	pointment as registered
agent. I am familiar with, and accept the obligation	ons of, Section 617.0503, Flor	ida Statutes.		
SIGNATURE Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered Agent signature require		
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE P/D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME ROBERT ROWAN	гит	1.2 NAME		
STREET ADDRESS		1.3 STREET ADDRESS		
CITY-ST-ZIP ST. PETERSBURG, FL		1,4 CITY - ST - ZIP		☐ Change ☐ Addition
MARK MERRICAL INDO.	☐ DEFELE	2.1 TITLE		C Griange C Frontion
NAME MARK ESPAREA, ESQ.		2.2 NAME		
STREET ADDRESS -4.75 CENTRAL AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP ST PETERSBURG, FL.	. 33701 DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
NAME RENE OIJ		3 2 NAME		
STREET ADDRESS 490 1ST AVENUE SOUT	ru.	3 3 STREET ADDRESS		
CITY-ST-ZIP ST PETERSBURG FI		3 4 CITY-ST-ZIP		<u></u>
TITLE T/D	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME DENISE G. UNLEY		4 2 NAME		• •
STREET ADDRESS 200 CENTRAL AVENUE	, 3RD FLOOR	4.3 STREET ADDRESS		
CITY-ST-ZIP ST PETERSBURG FL	33701	4 4 CITY - ST - ZIP		
TITLE DOSDES	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME LOUIS D. BROWN, JR.	7	5 2 NAME		しつる
STREET ADDRESS 2900 18TH AVENUE SO		5 3 STREET ADDRESS		8-10
CITY-SI-ZIP ST. PETERSBURG FT.		5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
) IIICE D	ULLLIL	62 NAME	0000026156	5
KEN HORNER		6.3 STREET ADDRESS	-08/13/9801103	
STREET ADDRESS 365 105TH TERRACE I	Œ 2271.C	6 4 CITY-ST-ZIP	***70.00	-
CITY-ST-ZIP ST PETFRSBURG FT. 14. hereby certify that the information supplied with	this filing does not qualify for	the exemption stated in		certify that the information

indicated on this annual report or supplies with this limit does not quality in the exemption stated in declared in 19.07(3)). Florida Statutes, intrinsections in indicated on this 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: A G OFFICER OR DIRECTOR