

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 # N93000001950 (5)

1. Corporation Name

PINELLAS HOMESTEAD PROJECT, INC.



Principal Place of Business

4932 TANGERINE AV. SO.
GULFPORT FL 33707

Mailing Address

4932 TANGERINE AV. SO.
GULFPORT FL 33707

3. Date Incorporated or Qualified

04/28/1993

3a. Date of Last Report

06/14/1995

2. Principal Place of Business

21 3565 Cypress Terr. No.

Suite, Apt. #, etc.

2a. Mailing Address

26 3565 Cypress Terr. No.

Suite, Apt. #, etc.

4. FEI Number

59-3197837

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

22 City & State

23 Pinellas Park FL

Zip

24 34665

Country

25 Pinellas

27 City & State

28 Pinellas Park FL

Zip

29 34665

Country

30 Pinellas

9. Name and Address of Current Registered Agent

NIBLOCK, WILLIAM J
897 PASEO DEL RIO NE
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

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 PD
NAME NIBLOCK, WILLIAM J
STREET ADDRESS 395 PASEO DEL RIO NE
CITY-ST-ZIP ST PETE FL ☐ DELETE

TITLE VD
NAME KEISER, TOM
STREET ADDRESS 7324 58TH WAY NO
CITY-ST-ZIP ST PETE FL ☐ DELETE

TITLE STD
NAME GRABER, SONDRRA
STREET ADDRESS 530 25TH AVE SO
CITY-ST-ZIP ST PETE FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J NIBLOCK

2/15/96

813
528-4663

Date

Daytime Phone #

CR2E037 (12/95)