2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001696

FILED Jan 12, 2005 Secretary of State

Entity Name: CLEARWATER HOMELESS INTERVENTION PROJECT, INC.

Current Principal Place of Business: New Principal Place of Business: 1339 PARK ST US CLEARWATER, FL 33756 **Current Mailing Address: New Mailing Address:** P. O. BOX 358 CLEARWATER, FL 33757 US FEI Number: 59-3366040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUTHART, MARY L C/O ST VINCENT DE PAUL SOUP KITCHEN 1345 PARK ST CLEARWATER, FL 34616 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition KLEIN, SID Name: Name: 645 PIERCE STREET Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: () Delete Title: () Change () Addition RIVERA, JACQUELINE Name: Name: Address: 908 CLEVELAND ST Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: DS () Delete Title: () Change () Addition GUTHART, MARY L Name: Name: 1345 PARK ST Address: Address: City-St-Zip: CLEARWATER, FL 34616 City-St-Zip: Title: DT () Delete Title: DT (X) Change () Addition CARLISLE, STEVE Name: Name: JOHNSON, ROY C MAJOR 1625 NORTH BELCHER ROAD Address: 807 PARK ST Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33765 Title: () Delete Title: (X) Change () Addition CIOKIEWICZ, CAROLE L BRANT, PAUL E Name: Name: 1112 FLUSHING AVE 18436 STERLING SILVER CIRCLE Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: P. EDWARD BRANT ED 01/12/2005