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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001017

1. Corporation Name

HOUSING BY ST. LAURENCE, INC.

Principal Place of Business

1717 E FOWLER AVE
TAMPA FL 33612
US

Mailing Address

1717 E FOWLER AVE
TAMPA FL 33612
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/24/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3440342

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COUCH, THEODORE J SR
1717 E. FOWLER AVENUE
TAMPA FL 33612

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 PD
NAME COUCH, THEODORE J SR
STREET ADDRESS 1717 E. FOWLER AVE.
CITY-ST-ZIP TAMPA FL 33612

1.1 TITLE PDT
1.2 NAME COUCH, THEODORE J SR
1.3 STREET ADDRESS 1717 E. FOWLER AVE.
1.4 CITY-ST-ZIP TAMPA, FL 33612

TITLE VPD
NAME CAPITANO, JOSEPHINE
STREET ADDRESS 2004 DURHAM
CITY-ST-ZIP TAMPA FL 33612

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

TITLE D
NAME HIGGINS, LAURENCE REV.
STREET ADDRESS 5225 NORTH HIMES AVENUE
CITY-ST-ZIP TAMPA FL 33614

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

TITLE VP
NAME CROWDER, C
STREET ADDRESS 1717 E FOWLER AVE
CITY-ST-ZIP TAMPA FL 33612

4.1 TITLE VP S
4.2 NAME CROWDER, WILLIAM CRAIG
4.3 STREET ADDRESS 1717 E. FOWLER AVE.
4.4 CITY-ST-ZIP TAMPA, FL 33612

TITLE ST
NAME MURRAY, P D
STREET ADDRESS 5225 N HIMES AVE
CITY-ST-ZIP TAMPA FL 33614

5.1 TITLE D
5.2 NAME ROBERT L. (PETE) EDWARDS
5.3 STREET ADDRESS 2909 W. CHERRY
5.4 CITY-ST-ZIP TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: *Katherine Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 (813)971-1040
Date Daytime Phone #

CR2E037 (11/98)