


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # N97000001017<br>1. Entity Name<br>HOUSING BY ST. LAURENCE, INC. |  |
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| Principal Place of Business<br>1717 E FOWLER AVE<br>TAMPA, FL 33612 US | Mailing Address<br>1717 E FOWLER AVE<br>TAMPA, FL 33612 US |
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**DO NOT WRITE IN THIS SPACE**



04162004 No Chg-NP CR2E037 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3440342                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|   |                                   |
|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>COUCH, THEODORE J SR<br>1717 E. FOWLER AVENUE<br>TAMPA, FL 33612 | <b>DO NOT WRITE IN THIS SPACE</b> |
|---|-----------------------------------|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|   |  |   |
|---|--|---|
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | 00000122399<br>04/21/04-80027-016 61.25 |
|---|--|---|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PDT<br>COUCH, THEODORE J SR<br>1717 E. FOWLER AVE.<br>TAMPA, FL 33612     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPD<br>CAPITANO, JOSEPH<br>2004 DURHAM<br>TAMPA, FL 33605                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HIGGINS, LAURENCE REV.<br>5225 NORTH HIMES AVENUE<br>TAMPA, FL 33614 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPS<br>CROWDER, WILLIAM C<br>1717 E FOWLER AVE<br>TAMPA, FL 33612         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>EDWARDS, ROBERT L (PETE)<br>2909 W. CHERRY<br>TAMPA, FL 33607        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MURRAY, POLLY<br>5225 NORTH HIMES<br>TAMPA, FL 33614                 |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William C Crowder William C Crowder 4-16-04 813-971-1090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #