


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90027 034 ****61.25

DOCUMENT # N97000001017							
1. Entity 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			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 59-3440342				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
COUCH, THEODORE J SR 1717 E. FOWLER AVENUE TAMPA, FL 33612			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PDT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COUCH, THEODORE J SR		NAME	TOM MCEWEN			
STREET ADDRESS	1717 E. FOWLER AVE.		STREET ADDRESS	528 RIVIERA DR.			
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP	TAMPA, FL 33606			
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CAPITANO, JOSEPH		NAME	MAIE CELESTE SULLIVAN			
STREET ADDRESS	2004 DURHAM		STREET ADDRESS	4000 E. FLETCHER AVE.			
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP	TAMPA, FL 33613			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HIGGINS, LAURENCE REV.		NAME				
STREET ADDRESS	5225 NORTH HIMES AVENUE		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP				
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CROWDER, WILLIAM C		NAME				
STREET ADDRESS	1717 E FOWLER AVE		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDWARDS, ROBERT L (PETE)		NAME				
STREET ADDRESS	2909 W. CHERRY		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURRAY, POLLY		NAME				
STREET ADDRESS	5225 NORTH HIMES		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>William C Crowder</i>			Date: 4-5-06 Daytime Phone #: 913-971-1040				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date				