

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90108 021 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-3440342				Applied For <input type="checkbox"/> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUCH, THEODORE J SR			NAME	
STREET ADDRESS	1717 E. FOWLER AVE.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPITANO, JOSEPH			NAME	
STREET ADDRESS	2004 DURHAM			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33605			CITY-ST-ZIP	
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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCEWEN, TOM			NAME	
STREET ADDRESS	528 RIVERA DR			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606			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> William C Crowder				4-18-08 813-971-1040	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	