

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N97000001017

Entity Name: HOUSING BY ST. LAURENCE, INC.

Current Principal Place of Business:

1717 E FOWLER AVE
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

1717 E FOWLER AVE
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-3440342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PDT () Delete
Name: COUCH, THEODORE J SR
Address: 1717 E. FOWLER AVE.
City-St-Zip: TAMPA, FL 33612

Title: VPD () Delete
Name: CAPITANO, JOSEPH
Address: 2004 DURHAM
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: HIGGINS, LAURENCE REV.
Address: 5225 NORTH HIMES AVENUE
City-St-Zip: TAMPA, FL 33614

Title: VPS () Delete
Name: CROWDER, WILLIAM C
Address: 1717 E FOWLER AVE
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: MCEWEN, TOM
Address: 528 RIVERA DR
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: MURRAY, POLLY
Address: 5225 NORTH HIMES
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM C. CROWDER

VPS

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date