

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001017

FILED
Apr 14, 2010
Secretary of State

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM C. CROWDER

VP

04/14/2010

Electronic Signature of Signing Officer or Director

Date