

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000000801**

1. Entity Name

MID-PINELLAS HOMELESS OUTREACH, INC.

Principal Place of Business

**4699 28 ST N
SAINT PETERSBURG FL 33714**

Mailing Address

**PO BOX 60355
ST. PETERSBURG FL 33764**

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

59-3557064

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGERS, LYNN M
3826 26TH STREET NORTH
ST. PETERSBURG FL 33714**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	BARNARD, RICHARD	
STREET ADDRESS	9876 INDIAN KEY TRAIL	
CITY-ST-ZIP	SEMINOLE FL 33776	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Myrtle Hall	
STREET ADDRESS	4610 Xenia St.	
CITY-ST-ZIP	St Petersburg, FL 33714	

TITLE	T	<input type="checkbox"/> Delete
NAME	HELIKER, ANGELA	
STREET ADDRESS	9616 134 ST	
CITY-ST-ZIP	SEMINOLE FL 33776	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Rowe	
STREET ADDRESS	3403 43 St N.	
CITY-ST-ZIP	St Petersburg, FL 33713	

TITLE	S	<input type="checkbox"/> Delete
NAME	ALBUGUERQUE, CHRISTINE	
STREET ADDRESS	4455 38 TERR N UNIT B1	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Victoria Thomas	
STREET ADDRESS	14108 110 Terr N.	
CITY-ST-ZIP	Largo FL 33774	

TITLE	D	<input type="checkbox"/> Delete
NAME	CHECHELE, SAMANTHA T	
STREET ADDRESS	5625 CENTRAL AVE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARK	
STREET ADDRESS	8399 134 ST	
CITY-ST-ZIP	SEMINOLE FL 33776	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURDOCK, WILARGENE	
STREET ADDRESS	931 58 AVE S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Angela Heliker****3/24/01**

Date

727-531-5484

Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90409 032 ****61.25

00029569

DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)