3/29

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
03-29-2002 90818 041 ****61.25

DOCUMENT # N99000000801

1. Entity Name

MID-PINELLAS HOMELESS OUTREACH, INC.

Principal Place of Business	Mailing Address
4699 28 ST N SAINT PETERSBURG FL 33714	PO BOX 60355 ST.PETERSBURG FL 33784

DO NOT WRITE IN THIS SPACE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C BARNARD, RICHARD 9876 INDIAN KEY TRAIL SEMINOLE FL 33776	☒ Delete	C D- President Rhonda Miller Sheared 1908 Bugle Lane Clearwater FL 33764	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HELIKER, ANGELA D- Treasurer 9616 134 ST SEMINOLE FL 33776	☐ Delete	S D- Secretary Ann Marie Craton 270 115 Ave. Apt 1 Treasure Island, FL 33706	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALBUGUERQUE, CHRISTINE 4455 38 TERR N UNIT B1 SAINT PETERSBURG FL 33710	☒ Delete	D Linda Timm-Cole 7430 Sunshine Skyway Lane S. #402 St. Petersburg, FL 33711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHECHELE, SAMANTHA T 5625 CENTRAL AVE SAINT PETERSBURG FL 33710	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, MARK 8399 134 ST SEMINOLE FL 33776	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, MYRTLE 4610 XENIA ST SAINT PETERSBURG FL 33714	☒ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Rhonda Miller Sheared REQUIRED 3/1/02 727-521-5484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #