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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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	☒ Delete	TITLE	C D- President	☐ Change ☒ Addition
NAME	BARNARD, RICHARD		NAME	Rhonda Miller Sheared	
STREET ADDRESS	9876 INDIAN KEY TRAIL		STREET ADDRESS	1908 Bugle Lane	
CITY-ST-ZIP	SEMINOLE FL 33776		CITY-ST-ZIP	Clearwater, FL 33764	
TITLE	T D- Treasurer	☐ Delete	TITLE	S D- Secretary	☐ Change ☒ Addition
NAME	HELIKER, ANGELA		NAME	Ann Marie Craton	
STREET ADDRESS	9616 134 ST		STREET ADDRESS	270 115 Ave. Apt 1	
CITY-ST-ZIP	SEMINOLE FL 33776		CITY-ST-ZIP	Treasure Island, FL 33704	
TITLE	S	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	ALBUGUERQUE, CHRISTINE		NAME	Linda Timm-Cole	
STREET ADDRESS	4455 38 TERR N UNIT B1		STREET ADDRESS	7430 Sunshine Skyway Lane S. #402	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710		CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	CHECHELE, SAMANTHA T		NAME		
STREET ADDRESS	5625 CENTRAL AVE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33710		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	SMITH, MARK		NAME		
STREET ADDRESS	8399 134 ST		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33776		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	HALL, MYRTLE		NAME		
STREET ADDRESS	4610 XENIA ST		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33714		CITY-ST-ZIP		

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: SIGNATURE REQUIRED — 3/1/02 — 727-521-5484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #