


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # N99000000801</b><br>1. Entity Name<br><b>MID-PINELLAS HOMELESS OUTREACH, INC.</b>   |  |    |  |
| Principal Place of Business<br><b>5301-A HAINES RD<br/>SAINT PETERSBURG, FL 33714</b>   |  | Mailing Address<br><b>5301-A HAINES RD<br/>SAINT PETERSBURG, FL 33714</b>   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>MPHO c/o Charles Flynt<br/>6145 Central Avenue</b>   |  |
| City & State<br><b>St. Petersburg, FL</b>   |  | City & State<br><b>St. Petersburg, FL</b>   |  |
| Zip<br><b>33710</b>   | Country<br><b>Pin</b>  | 4. FEI Number<br><b>59-3557064</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCLEAN, WILLIAM<br/>2827 41ST AVE NORTH<br/>ST. PETERSBURG, FL 33714</b>  |  | 7. Name and Address of New Registered Agent<br>Name <b>McLean, William</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4034 39th Avenue North</b><br>City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33714</b> |  |
| 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE <u><i>William McLean (President)</i></u> DATE <u>9-30-04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by September 8, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |
| TITLE <b>P</b> <input type="checkbox"/> Delete<br>NAME <b>MCLEAN, WILLIAM C</b><br>STREET ADDRESS <b>2827 41ST AVE NORTH</b><br>CITY-ST-ZIP <b>ST PETERSBURG, FL 33714</b>  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME <b>200041569962</b><br>STREET ADDRESS <b>10/04/04--01034--012 **70.00</b><br>CITY-ST-ZIP   |   |  |
| TITLE <b>T</b> <input checked="" type="checkbox"/> Delete<br>NAME <b>BLEIER, STEVE</b><br>STREET ADDRESS <b>5131 CORAL WAY NORTH</b><br>CITY-ST-ZIP <b>ST PETERSBURG, FL 33714</b>  | TITLE <b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME <b>Flynt, Charles</b><br>STREET ADDRESS <b>6145 Central Avenue</b><br>CITY-ST-ZIP <b>St Petersburg, FL 33710</b> |   |  |
| TITLE <b>S</b> <input type="checkbox"/> Delete<br>NAME <b>ERDMANN, ROBERT</b><br>STREET ADDRESS <b>2082 FRANCIS CT N</b><br>CITY-ST-ZIP <b>ST PETERSBURG, FL 33714</b>  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE <b>D</b> <input checked="" type="checkbox"/> Delete<br>NAME <b>COLE, LINDA T</b><br>STREET ADDRESS <b>7430 SUNSHINE SKYWAY LANE S. #402</b><br>CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33711</b>  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>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: <u><i>William McLean</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | Date <u>9-30-04</u> Daytime Phone # <u>727-520-9199</u>   |  |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09302004 Chg-NP CR2E037 (10/03)