FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:38

DOCUMENT # 710601 (6)

1. Corporation Name

ST. PETERSBURG, FLORIDA CHAPTER OF THE SOCIETY F
OR THE PRESERVATION AND ENCOURAGEMENT OF BARBER

Principal Place of Business	Mailing Address
3925 14TH LANE NE ST. PETERSBURG FL 33703	3925 14TH LANE NE ST. PETERSBURG FL 33703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1966
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-6173077 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

E. BURT
114 PERM WOOD CT.
SEMINOLE FL 34647

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	NED FOGLER PD	☒ Change ☐ Addition
NAME	RICHARD DEARY	1.2 NAME	14928 FEATHER COVE	
STREET ADDRESS	2122 BRADFORD STREET 507	1.3 STREET ADDRESS	CLEARWATER, FL 34622	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	GEORGE WALLACE	2.2 NAME	EDWARD SIELING	
STREET ADDRESS	2070 62 TERR S.	2.3 STREET ADDRESS	3925 -14 LANE NE	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST PETERSBURG, FL 33703	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	JOHN JOHNSON	3.2 NAME	CLARE McCREARY	
STREET ADDRESS	14219 REBECCA ST	3.3 STREET ADDRESS	10550 VILLAGE DR	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	BRYAN HEVEL	4.2 NAME	CRAIG WILSON	
STREET ADDRESS	6347 57 AVENUE N	4.3 STREET ADDRESS	455-15 AVE NO	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	ST PETE, FL 33704	
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, M R	5.2 NAME		
STREET ADDRESS	1910 NORFOLK ST NO	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURGE FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	EDWARD W. BURT	6.2 NAME	RAY BRADSHAW	
STREET ADDRESS	114 FERNWOOD CIRCLE	6.3 STREET ADDRESS	13840 89TH AVE N,	
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	SEMINOLE, FL 34646	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward Sieling 1-16-94 (813) 327 5327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
E.W. SIELING

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