# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **723111** **(1)**

1. Corporation Name
**ST.PETERSBURG BAR ASSOCIATION INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 2600 NINTH ST N. #602<br>P.O. BOX 7538<br>ST. PETERSBURG FL 33734 | 2600 NINTH ST N. #602<br>P.O. BOX 7538<br>ST. PETERSBURG FL 33734 |

3. Date Incorporated or Qualified: **04/11/1972**
3a. Date of Last Report: **02/23/1995**

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

4. FEI Number: **59-1095061** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**REAMS,HUGH E**
**360 CENTRAL AVENUE, 15TH FLOOR**
**ST PETERSBURG FL 33701**

**10. Name and Address of New Registered Agent**

81 Name: Darlene L. Kelly
82 Street Address (P.O. Box Number is Not Acceptable): 2600 Ninth St. N., STE 602
83:
84 City: St. Petersburg, **FL** 85 Zip Code: 33704

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Darlene L. Kelly — Darlene L. Kelly, Executive Director — DATE: 2/7/96
Signature, typed or printed name of registered agent and title if agent is an entity (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>FANTAUZZO, KEVIN D<br>980 TYRONE BLVD<br>ST. PETERSBURG FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | SD<br>Rahter, J. Richard<br>6670 1st Ave. S.<br>St. Petersburg, FL 33707 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PED<br>FISCHER, H. J<br>5959 CENTRAL AVE., STE. 201<br>ST PETERSBURG FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | PED<br>Whittemore, Kent G.<br>One Beach Dr. SE, STE 205<br>St. Petersburg, FL 33701 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BARTLETT, WILLIAM H<br>360 CENTRAL AVE., STE. 1500<br>ST. PETERSBURG FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | TD<br>Rutland, Nancy E.<br>One Beach Dr. SE, STE 200<br>St. Petersburg, FL 33701 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SHAMES, MARK I<br>535 CENTRAL AVE., STE 403<br>ST. PETERSBURG FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | PD<br>H. James Fischer<br>5959 Central Ave., STE 201<br>St. Petersburg, FL 33710 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (12/95)

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)(k), 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:** H. James Fischer 2/7/96 (813)341-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #