


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90043 026 ****61.25

DOCUMENT # 724688
 1. Entity Name
FIVE TOWNS OF ST. PETERSBURG, NO. 301, INC.



Principal Place of Business
 5660 80TH ST. N
 APT. ~~208~~ C-109
 ST PETERSBURG, FL 33709 US

Mailing Address
 5660 80TH ST. N
 APT. ~~208~~ C-109
 ST PETERSBURG, FL 33709 US



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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01122004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1534987

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BERRINGER, JERRY
5660 80TH ST. N. B 308
ST PETERSBURG, FL 33709

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE PT <input type="checkbox"/> Delete	NAME MOREY, DOROTHY STREET ADDRESS 5660 80TH ST. NORTH, D-208 CITY-ST-ZIP ST. PETERSBURG, FL 33709
TITLE VP <input type="checkbox"/> Delete	NAME DAIGLE, AUGUSTINE STREET ADDRESS 5660 80TH ST. NORTH, A-205 CITY-ST-ZIP SAINT PETERSBURG, FL 33709
TITLE S <input checked="" type="checkbox"/> Delete	NAME JACOB, PATRICIA STREET ADDRESS 5660 80TH ST. NORTH, 1-307 CITY-ST-ZIP SAINT PETERSBURG, FL 33709
TITLE D <input checked="" type="checkbox"/> Delete	NAME CARL, LARICIA STREET ADDRESS 5660 80TH ST. NORTH, D-103 CITY-ST-ZIP ST. PETERSBURG, FL 33709
TITLE D <input type="checkbox"/> Delete	NAME LOVE, ROBERT STREET ADDRESS 5660 80TH ST. NORTH, C-108 CITY-ST-ZIP SAINT PETERSBURG, FL 33709
TITLE D <input checked="" type="checkbox"/> Delete	NAME BILGER, ROSE STREET ADDRESS 5660 80TH ST. NORTH, C-105 CITY-ST-ZIP SAINT PETERSBURG, FL 33709

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <i>President</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>William Hansen</i> STREET ADDRESS <i>7758 Fyfeham Ct N.</i> CITY-ST-ZIP <i>St. Pete, FL 33709</i>
TITLE <i>V.P.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <i>DOROTHY MOREY</i> STREET ADDRESS <i>5660 80th St. N. D208</i> CITY-ST-ZIP <i>St. Pete, Fl. 33709</i>
TITLE <i>VP</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <i>Augustine Daigle</i> STREET ADDRESS <i>5660 80th St. N. A205</i> CITY-ST-ZIP <i>St. Pete, Fl. 33709</i>
TITLE <i>Sec.</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>Carole Illingworth</i> STREET ADDRESS <i>5660 80th St. N. 5303</i> CITY-ST-ZIP <i>St. Pete, Fl. 33709</i>
TITLE <i>Treas.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <i>Robert Love</i> STREET ADDRESS <i>5660 80th St. N. C 108</i> CITY-ST-ZIP <i>St. Pete, Fl. 33709</i>
TITLE <i>Asst. Sec.</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>Joan Bishop</i> STREET ADDRESS <i>5660 80th St. N. A304</i> CITY-ST-ZIP <i>St. Pete, Fl. 33709</i>

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: *Dorothy Morey* **DOROTHY MOREY** *Jan 12-2004* **727-541-1222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #