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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749635

1. Corporation Name

**THE ST. PETERSBURG JUNIOR COLLEGE DEVELOPMENT FO
UNDATION, INC.**

Principal Place of Business

P.O. BOX 13489 (ST. PETERSBURG, FL 33733)
8580 66TH STREET NORTH
PINELLAS PARK FL 33781-207 1207
US

Mailing Address

P.O. BOX 13489 (ST. PETERSBURG, FL 33733)
8580 66TH STREET NORTH
PINELLAS PARK FL 33781-207 1207
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

11/02/1979

4. FEI Number

59-1954362

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HENNIGER,
~~HENNIGER~~, DAVID
8580 66TH ST. NO.
PINELLAS PARK FL 33781-1207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☒ DELETE

TITLE P
NAME MAY, ALFRED T
STREET ADDRESS 4983 BACOPA LANE SOUTH, #105
CITY-ST-ZIP ST PETERSBURG FL 33715

TITLE SD
NAME SLOAN, JOHN B
STREET ADDRESS 8580 66TH ST N
CITY-ST-ZIP PINELLAS PARK FL 33781-1207

TITLE VP
NAME LESLIE, HELEN K
STREET ADDRESS 2304 KINGFISH LANE
CITY-ST-ZIP CLEARWATER FL 33762

TITLE T
NAME WILLIAMS, DIANNA
STREET ADDRESS 8580 66TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK, FL 00000 22781-1207

TITLE PE
NAME SHUCK, ROBERT F
STREET ADDRESS 880 CARILLON PARKWAY
CITY-ST-ZIP ST PETE BEACH FL 33716

TITLE D
NAME GREGORY, THOMAS H
STREET ADDRESS 6274 18TH ST NE
CITY-ST-ZIP ST PETERSBURG FL 33702

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME SHUCK, ROBERT F.
1.3 STREET ADDRESS 880 CARILLON PARKWAY
1.4 CITY-ST-ZIP ST PETERSBURG FL 33716

2.1 TITLE S ☐ Change ☒ Addition
2.2 NAME BUCHANAN, JANICE C
2.3 STREET ADDRESS 8580 66TH ST N
2.4 CITY-ST-ZIP PINELLAS PARK FL 33781-1207

3.1 TITLE VP ☒ Change ☐ Addition
3.2 NAME ROTHMAN, THELMA P
3.3 STREET ADDRESS 1018 PARK ST N
3.4 CITY-ST-ZIP ST PETERSBURG FL 33710

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE PE ☒ Change ☐ Addition
5.2 NAME LESLIE, HELEN K
5.3 STREET ADDRESS 2304 KINGFISH LANE
5.4 CITY-ST-ZIP CLEARWATER FL 33762

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Janice C. Buchanan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Janice C. Buchanan

1/25/99

(727) 341-3319

Date

Daytime Phone #

CR2E037 (11/98)