Applied For

\$8.75 Additional

Not Applicable

## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

D 0 0 1 11 1 1 1 1	
DOCUMENT#	F95000005625
1 Corneration Mama	

Corporation Name

THE ST. PETERSBURG TIMES SCHOLARSHIP FUND, INC.

Principal Place of Business							
490 FIRST AVENUE SOUTH							
ST PETERSBURG FL 33701							

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

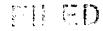
Za. Mailing Address

City & State

Suite, Apt. #, etc.

26

490 FIRST AVENUE SOUTH ST PETERSBURG FL 33701



99 FEB - 1 PM 1:58

SLORE DOCUMENT STATE TALLAMASSE, FLORIDA

Date Incorporated or Qualifed 11/17/1995

4. FEI Number

59-6142547



23	no	28			5. Certificate of Status Desired	•	Additional equired	
Zip	Country	Zip			6. Election Campaign Financing		May Be	
24	9. Name and Address of Current Registered Agent				Trust Fund Contribution Added to Fees			
<b></b>	Name and Address of Current	Registered Agent	81		10. Name and Address of New Registe	red Agent		
			61	Nam	e			
L .	r, george k		82	Stree	et Address (P.O. Box Number is Not Acceptable)			
1	TRAL AVENUE							
ST PETER	RSBURG FL 33701		83					
			84	City		85 Zip	Code	
				,		FLII		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above	-name	d corporation submits this statement for the purpos poration's board of directors. I hereby accept the a	e of changing its	registered	
agent. I a	am familiar with, and accept the obligation	ons of, Section 617.0503, Flor	ida Statutes		polation's board or directors. I hereby accept the a	ppointment as re	gistered	
SIGNATURE								
-78	Signature, typed or printed name of registered agent a			t signatur	e required when rainstating) DAT			
12.	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICER:			
TITLE	PC ANDRONE	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	BARNES, ANDREW E		1.2 NAME					
STREET ADDRESS			1.3 STREET	ADDRES	s			
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-S1	-ZIP				
TITLE	V	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	ROALES, JUDITH		2.2 NAME		30000275 8/00/80-	으셨습니다	0000	
STREET ADORESS	100 1 11100 11100 000111		23\$TREET	ADDRES	s	25 ****	~UU© MC1 OE <sup>1</sup>	
CITY-ST-ZIP	ST PETERSBURG FL	····	2 4 CITY-S	T-ZIP	*************************************	<u>८</u> ७ कलकक्ष	701.25	
TITLE	<b>S</b>	DELETE	3.1 TITLE			☐ Change	Addition	
NAME	FOLEY, MICHAEL F		32 NAME					
STREET ADDRESS	490 FIRST AVENUE SOUTH		33 STREET	ADDRES:	s			
C/TY-ST-ZIP	ST PETERSBURG FL	<u> </u>	3.4. CITY-S	r-zip		/>		
TITLE	T	☐ DELETE	4.1 TITLE			□ Chyloge	☐ Addition	
NAME	ROALES, JUDITH		4. 2 NAME				/	
STREET ADDRESS	490 FIRST AVENUE SOUTH		4.3 STREET	ADDRESS	s	(	/	
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST	-ZIP				
TITLE	D	DELETE	5.1 TITLE		Tr	Change	Addition	
NAME	RAHDERT GEORGE K	·	5.2 NAME		RAHDERT GEORGE K	-		
STREET ADDRESS	535 CENTRAL AVE		5.3 STREET	ADORESS	535 CENTRAL AVE		ļ	
CITY-ST-ZIP	ST PETERSBURG FL		54 CITY-ST	ZIP	ST PETERSBURG FL			
TITLE	D	DELETE	61 TITLE		Tr	Change	Addition	
NAME	MAXW3ELL, B	, ,	6.2 NAME		MAXWELL, B	7.		
STREET ADDRESS	490 FIRST AVE S		6.3 STREET	ADDRESS	490 FIRST AVENUE SOUTH	1		
CITY-ST-ZIP	ST PETE FI		6.4 CITY- ST	ZIP	ST PETERSBURG FI			

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 receivenor 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 any attachment with an address, with all other like empowered.

SIGNATURE:

727-892-2219