

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

APPROVED

8/15/2005-90079-006-\$61.25-\$61.25

AND FILED


05 SEP 20 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # N93000004014**

1. Entity Name  
**THE NORTHEAST COTILLION OF ST. PETERSBURG INCORPORATED**



Principal Place of Business  
**ST. THOMAS LUCH  
1200 SKELLSLEBI NE  
ST. PETERSBURG FL 33704**

Mailing Address  
**445 20TH AVENUE NE  
SAINT PETERSBURG FL 33704**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**930 Bayview Place NE**  
Suite, Apt. #, etc.

City & State  
**St Petersburg FL**

Zip Country  
**33704 Pinellas**

06292005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**O'KEEFE, LINDA  
445 20TH AVENUE NE  
SAINT PETERSBURG, FL 33704**

7. Name and Address of New Registered Agent

Name **Lela Garnett**

Street Address (P.O. Box Number is Not Accepted)  
**930 Bayview Place NE**

City **St Petersburg FL** Zip Code **33704**

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

**Filing Fee is \$61.25  
Due by September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD O'KEEFE, LINDA 445 20TH AVENUE NE ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUTLAND, NANCY 358 COFFE POT RIVIERA SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lela Garnett 930 Bayview Place NE St Petersburg FL 33704	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

*Lela O'Keefe* *Kiberly Plunk*