

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2009  
Secretary of State**

DOCUMENT# N93000004014

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

**Current Principal Place of Business:**

ST. THOMAS CHURCH  
1200 SNELL ISLE B1 NE  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

1449 45TH AVENUE NE  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAKSAS, MARYANN  
1449 45TH AVENUE NE  
SAINT PETERSBURG, FL 33703    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: EARLY, KIMBERLY  
Address: 5265 DENVER STREET NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VPD                      ( ) Delete  
Name: TAKSAS, MARY ANN  
Address: 1449 45TH AVENUE NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: PD                      (X) Delete  
Name: HARRINGTON, TANYA  
Address: 7400 14TH STREET NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN TAKSAS

PD

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date