
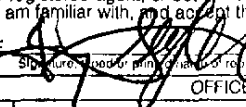


FILE NOW: FILING FEE IS \$61.25

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1995 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N 9500000 5294 1. Corporation Name Roser Park Neighborhood Association, Inc			
Principal Place of Business		Mailing Address 682 Roser Park Dr. S. St. Petersburg, FL 33701	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/06/1995	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Styles, Jerry 924 8th St. S. St. Petersburg, FL 33701		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 		JERRY STYLES (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Director
STREET ADDRESS		1.3 STREET ADDRESS	Styles, Jerry
CITY-ST-ZIP		1.4 CITY-ST-ZIP	924 8th St S. St. Petersburg FL 33701
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Director
STREET ADDRESS		2.3 STREET ADDRESS	Motyka, Ron
CITY-ST-ZIP		2.4 CITY-ST-ZIP	660 Roser Park Dr. S. St. Petersburg FL 33701
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Director
STREET ADDRESS		3.3 STREET ADDRESS	Guthrie Gary M.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	682 Roser Park Dr. S. St. Petersburg FL 33701
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Director
STREET ADDRESS		4.3 STREET ADDRESS	Croston, Muriel
CITY-ST-ZIP		4.4 CITY-ST-ZIP	802 Roser Park Dr. S. St. Petersburg FL 33701
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Director
STREET ADDRESS		5.3 STREET ADDRESS	Debra Cam Fenman
CITY-ST-ZIP		5.4 CITY-ST-ZIP	714 Roser Park Dr. S. St. Petersburg FL 33701
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Director
STREET ADDRESS		6.3 STREET ADDRESS	Arlene Lovell
CITY-ST-ZIP		6.4 CITY-ST-ZIP	913 Prospect St. S. St. Petersburg FL 33701

14. I do 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.

SIGNATURE: Gary M. Guthrie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-97 (813) 821-4674
Date Daytime Phone #

CR2E037 (9/96)