

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000006559

Entity Name: 96.7 FM RADIOSTPETE, INC.

Current Principal Place of Business:

450 BATH CLUB BLVD SOUTH
ST. PETERSBURG, FL 33708

Current Mailing Address:

450 BATH CLUB BLVD SOUTH
ST. PETERSBURG, FL 33708 US

FEI Number: 85-1260168

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOURDOW, JOSEPH H
450 BATH CLUB BLVD SOUTH
ST. PETERSBURG, FL 33708 US

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

Officer/Director Detail :

Title PT
Name BOURDOW, JOSEPH H
Address 450 BATH CLUB BLVD SOUTH
City-State-Zip: ST. PETERSBURG FL 33708

Title S
Name LEISER, TODD P
Address 1614 HAMPTON LANE
City-State-Zip: PALM HARBOR FL 34695

Title D
Name J. FRANCIS KOLB
Address 6166 BAYOU GRANDE BLVD NE
City-State-Zip: ST. PETERSBURG FL 33703

Title D
Name GILMOUR, JAMES
Address 9525 BLIND PASS ROAD UNIT 1202
City-State-Zip: ST. PETE BEACH FL 33706

Title D
Name KUNEZ, WILLIAM L
Address 101 1/2 21ST AVE N, APT A
City-State-Zip: ST. PETERSBURG FL 33707

Title D
Name JORDAN, RYAN E
Address 131 GIRALDA BLVD NE
City-State-Zip: ST. PETERSBURG FL 33708

Title D
Name KELLY, JOHN R.
Address 4001 OVERLOOK DRIVE NE
City-State-Zip: ST. PETERSBURG FL 33703

Title MS.
Name LORI , BROWN
Address 1100 4TH STREET NORTH #303
City-State-Zip: ST. PETERSBURG FL 33701

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I hereby 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 all other like empowered.

SIGNATURE: JOSEPH H. BOURDOW

PRESIDENT

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MR.
Name FLYNN, ALLISTAIR
Address 200 CENTRAL AVENUE
City-State-Zip: ST. PETERSBURG FL 33701

Title DR.
Name HARRIS, ALEX
Address 1111 18TH AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 22705