

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **700166**

(2)

1. Corporation Name

ST. PETERSBURG YACHT CLUB



Principal Place of Business

Mailing Address

**11 CENTRAL AVENUE
ST PETERSBURG FL 33701-3998**

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ST PETERSBURG FL 33701-3998**

3. Date Incorporated or Qualified
11/18/1959

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-0433240

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCQUEEN, WILLIAM B.
121 BAY POINT DRIVE, NE
ST. PETERSBURG FL 33704**

81 Name
William C. Welch, M. D.

82 Street Address (P.O. Box Number is Not Acceptable)
11 Central Avenue

83

84 City
St. Petersburg, FL 85 Zip Code
33701

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 *William C. Welch*

Secretary
William C. Welch, M. D.

X 3-29-96

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D HOUGH, WM R.**
STREET ADDRESS **1 BEACH DRIVE, SE APT. 1002**
CITY - ST - ZIP **ST. PETERSBURG FL 33701**

TITLE ☒ DELETE
NAME **D ALLISON, THOMAS E**
STREET ADDRESS **6897 28TH ST S**
CITY - ST - ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE
NAME **D WILSON, THOMAS D**
STREET ADDRESS **ONE PROGRESS PLACE 243**
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **T MENDELBLOTT, M.D. F.I.**
STREET ADDRESS **334 6TH AVENUE SOUTH**
CITY - ST - ZIP **ST PETERSBURG, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **T**
2.3 STREET ADDRESS **Donald J. Bogue St. Pete., FL 33703**
2.4 CITY - ST - ZIP **4651 1st St., N.E. #401**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Frank I. Mendelblatt, M.D.**
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **800001807498**
5.4 CITY - ST - ZIP **-05/04/96--01002--021**
*****\$61.25**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Donald J. Bogue*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald J. Bogue

Date

(813) 822-3873

Daytime Phone #

CR2E037 (12/95)