

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

11 CENTRAL AVENUE
ST PETERSBURG FL 33701-3998

Mailing Address

11 CENTRAL AVENUE
ST PETERSBURG FL 33701-3919

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/18/1959

3a. Date of Last Report

05/01/1996

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

WELCH, WILLIAM C
11 CENTRAL AVE.
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

Wayne N. Fraser

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

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

Wayne N. Fraser, Secretary

2-19-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOUGH, WM R.	
STREET ADDRESS	1 BEACH DRIVE, SE APT. 1002	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOGUE, DONALD J	
STREET ADDRESS	4651 1ST ST. NE	
CITY-ST-ZIP	ST PETE FL 33703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, THOMAS D	
STREET ADDRESS	ONE PROGRESS PLACE 243	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENDELBLOTT, FRANK I MD	
STREET ADDRESS	334 6TH AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WELCH, BILL MD	
1.3 STREET ADDRESS	2299 9TH AVE N	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mendelblatt, Frank I., MD	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: X

Signature and typed or printed name of signing officer or director

2-19-97

(813) 822-3873

William C. Welch, Treasurer

Date

Daytime Phone # 0049835

CR2E037 (9/96)