

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 # 703080 (2)
1. Corporation Name
WEST EXCHANGE CLUB OF ST. PETERSBURG, FLORIDA, INC.

Principal Place of Business
**3180-65TH WAY N
P O BOX 11302
ST PETERSBURG FL 33710**

Mailing Address
**3180-65TH WAY N
P O BOX 11302
ST PETERSBURG FL 33710**



| | |
|--|--|
| 3. Date Incorporated or Qualified 10/26/1961 | 3a. Date of Last Report 01/30/1995 |
| 4. FEI Number 59-6194102 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

**ZIADIE, CAROLINE D
3180-65TH WAY NORTH
ST PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 *Caroline D. Ziadie*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-13-96
DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|--------------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | MELBY, ROBERT E DR. | |
| STREET ADDRESS | 4717 DOLPHIN CAY #408 | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33711 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | WARREN, CHARLES D | |
| STREET ADDRESS | 6428 41ST AVENUE NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33709 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | ZIADIE, CAROLINE D | |
| STREET ADDRESS | 3180 65TH WAY N. | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STAFFORD, BRUCE | |
| STREET ADDRESS | 738 60TH AVENUE, SOUTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33705 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HERSCHEL, BAGBY W | |
| STREET ADDRESS | 4207 93RD TERRACE | |
| CITY-ST-ZIP | PINELLAS PARK FL 34666 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | JONES, GARY S | |
| STREET ADDRESS | 3180-65TH WAY N. | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | D |
| 5.3 STREET ADDRESS | BAGBY, HERSCHEL W |
| 5.4 CITY-ST-ZIP | 9313 40TH WAY N |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | D |
| 6.3 STREET ADDRESS | GRASSL, ALFRED M |
| 6.4 CITY-ST-ZIP | 6201 HILLSIDE AVENUE NORTH |
| | SEMINOLE, FL 34642 |

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 unchanged, or on an attachment with an address.

SIGNATURE: *Caroline D. Ziadie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96 **813/893-8111**
Date Daytime Phone #

CR2E037 (12/95)