

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

01-29-2004 90076 048 ****61.25

DOCUMENT # 705483 1. Entity Name HIGH NOON OPTIMIST CLUB OF ST. PETERSBURG, INC.					
Principal Place of Business 392 BOCA CIEGA PT. BLVD. NO. MADEIRA BEACH FL 33708			Mailing Address 392 BOCA CIEGA PT. BLVD. NO. MADEIRA BEACH FL 33708		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6166679	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIDINGS, JAMES C 392 BOCA CIEGA PT. BLVD NO. MADEIRA BCH FL 33708			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>James C. Ridings</i> Signature typed or printed name of registered agent and use if possible			DATE 1-24-04 (NOTE: Registered Agent signature required when reinstating)		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIDINGS, JANE E 392 BOCA CIEGA PT. BLVD. NO MADEIRA BEACH FL 33708 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MONYENB HARSHTMAN 3558 100 TER. No. PINELLAS PARK, FL 33782 4100 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RIDINGS, JAMES C 392 BOCA CIEGA PT. BLVD. NO SAINT PETERSBURG FL 33708 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. JANE E. RIDINGS SAME ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSHMAN, GARDENER E 3558 100TH TER NO PINELLAS PARK FL 33782-4100 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	E. GARDNER HARSHTMAN Vice Pres. ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEARD, RED 14900 GULF BLVD #105 MADEIRA BCH FL 33708 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDUC, KENNETH C 247 126TH AVE. E TREASURE ISLAND FL 33706-4420 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAILING, DAVID A 1705 ANGLERS CT SAFETY HARBOR FL 34695 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES C. RIDINGS 392 BOCA CIEGA PT. BLVD. NO MADEIRA BEACH, FL 33708 ☐ Change ☒ Addition	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: JANE E. Ridings Sec. Treas. JANE E RIDINGS 727-398-7369 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					