

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90036 047 ****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

Zip

Country

Zip

Country

4. FEI Number
59-6166679

Applied For
Not Applicable

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

Name

SAME AS SHOWN

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

James C. Ridings

JAMES C. RIDINGS, PRES.

1/27/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	P	<input checked="" type="checkbox"/> Delete
NAME	HARSHMAN, MONEYENE	
STREET ADDRESS	3558 100 TER. NO.	
CITY-ST-ZIP	PINELLAS PARK FL 33782-4100	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RIDINGS, JANE E	
STREET ADDRESS	392 BOCA CIEGA PT. BLVD. NO	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARSHMAN, GARDNER E	
STREET ADDRESS	3558 100TH TER NO	
CITY-ST-ZIP	PINELLAS PARK FL 33782-4100	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEARD, RED	
STREET ADDRESS	14900 GULF BLVD #105	
CITY-ST-ZIP	MADEIRA BCH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEDUC, KENNETH C	
STREET ADDRESS	247 126TH AVE. E	
CITY-ST-ZIP	TREASURE ISLAND FL 33706-4420	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIDINGS, JAMES C	
STREET ADDRESS	392 BOCA CIEGA PT. BLVD. NO	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	

TITLE	Pres. JAMES C. RIDINGS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	392 BOCA CIEGA PT BLVD NO	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. KEARSCHNER	
STREET ADDRESS	14900 GULF BLVD. #	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05

Date

727-398-7369

Daytime Phone #