

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715733

FILED
Jan 11, 2004
Secretary of State**Entity Name:** ST. PETERSBURG SHELL CLUB, INC.**Current Principal Place of Business:**11771 96TH PLACE
SEMINOLE, FL 33772 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 66873
ST. PETE BEACH, FL 33736**New Mailing Address:****FEI Number:** 59-6151733**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LIPE, BETTY
11771 96TH PLACE
SEMINOLE, FL 33772**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** S () Delete
Name: JACOBS, JOHN L.
Address: 202 SOLIDER COURT
City-St-Zip: SEFFNER, FL 33584**Title:** D () Delete
Name: ANKROM, PEGGIANN
Address: 5426 9TH AVE N.
City-St-Zip: SAINT PETERSBURG, FL 33710**Title:** D () Delete
Name: DAVIS, GABRIELLE G
Address: 207 126TH AVE E
City-St-Zip: TREASURE ISLAND, FL 33706**Title:** T () Delete
Name: LIPE, BETTY
Address: 11771 96TH PLACE
City-St-Zip: SEMINOLE, FL 33772**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P (X) Change () Addition
Name: TREMOR, MARTIN JR
Address: 201 37TH ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY LIPE

T

01/11/2004

Electronic Signature of Signing Officer or Director

Date