

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90034 035 \*\*\*\*61.25

<b>DOCUMENT # 715733</b> 1. Entity Name <b>ST. PETERSBURG SHELL CLUB, INC.</b>					
Principal Place of Business <b>11771 96TH PLACE</b> <b>SEMINOLE, FL 33772 US</b>				Mailing Address <b>PO BOX 66873</b> <b>ST. PETE BEACH, FL 33736</b>	
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 <b>59-6151733</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LIPE, BETTY</b> <b>11771 96TH PLACE</b> <b>SEMINOLE, FL 33772</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Betty Lipe</u> <u>Betty Lipe</u> <span style="float: right;"><u>3/18/05</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S JACOBS, JOHN L. <input checked="" type="checkbox"/> Delete		TITLE	Robert Gould VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	202 SOLIDER COURT		NAME	301 N. Belcher #3401	
STREET ADDRESS	SEFFNER, FL 33584		STREET ADDRESS	Largo, FL 33771	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D. Robert Horton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANKROM, PEGGIANN		NAME	3911 2nd DENE	
STREET ADDRESS	5426 9TH AVE N.		STREET ADDRESS	Bradenton FL 34208	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE		
NAME	TREMOR, MARTIN JR		NAME		
STREET ADDRESS	201 37TH ST. SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33711		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE		
NAME	LIPE, BETTY		NAME		
STREET ADDRESS	11771 96TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Betty Lipe</u> <u>Betty Lipe, Treasurer</u> <span style="float: right;"><u>3/18/05</u> <u>727-582-2528</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					