

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719939

FILED
Feb 28, 2007
Secretary of State

Entity Name: ST. PETERSBURG FREE CLINIC, INC.

Current Principal Place of Business:

863 - 3RD AVENUE NORTH
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

863 - 3RD AVENUE NORTH
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 23-7208280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVILLA, MIKE
6524 FIRST AVE NORTH
SAINT PETERSBURG, FL 33710 US

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: D () Delete
Name: SIVER, ROBERT
Address: 114 GIRALDA BLVD NE
City-St-Zip: ST PETERSBURG, FL 33704

Title: D () Delete
Name: SCHATZEL, PETER
Address: 500 94 AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33702

Title: D () Delete
Name: THOMPSON, JAMES MR.
Address: 555 17TH AVENUE NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D () Delete
Name: ALLEN, MARY WYATT MRS.
Address: 4001 ALABAMA AVENUE NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: D () Delete
Name: NOVILLA, MICHAEL
Address: 6524 FIRST AVE N
City-St-Zip: ST PETERSBURG, FL 33710

Title: M () Delete
Name: EGBERT, JANE
Address: 350 2ND STREET NORTH #4
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARKLEY, JEAN
Address: 150 BRIGHTWATERS BLVD. NE
City-St-Zip: ST PETERSBURG, FL 33704

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAY, AL
Address: 4983 BACOPA LANE S APT. 105
City-St-Zip: ST PETERSBURG, FL 33715

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 Chapter 119, 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: JANE EGBERT

M

02/28/2007

Electronic Signature of Signing Officer or Director

Date