

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$183 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

**APPROVED
AND
FILED**

95 JUN 13 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724688 (7)

1. Corporation Name

FIVE TOWNS OF ST. PETERSBURG, NO. 301, INC.

Principal Place of Business

Mailing Address

5660 80TH STREET, NORTH
APARTMENT #C208 D208 -
ST PETERSBURG FL 33709

5660 80TH STREET, NORTH
APARTMENT #C208 D208 -
ST PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/31/1972** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1534987** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **5660 80th St. N D208** 26 **5660 80th St. N. D208**
Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 **Apt D208** 27 **Apt D208**
City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 **St. Petersburg, Fl.** 28 **St. Petersburg, Fl.**
Zip Country Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

24 **33709** 25 **Pinellas** 29 **33709** 30 **Pinellas**

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOREY, DOROTHY
5660 80TH ST. N. D208
ST PETERSBURG FL 33709**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	HARRINGTON, WANILLA no longer
STREET ADDRESS	5660 80TH ST-N A202
CITY - ST - ZIP	ST. PETERSBURG FL 33709
TITLE	D
NAME	HUNT, MARY
STREET ADDRESS	5660 80TH ST. N. #C107
CITY - ST - ZIP	ST PETERSBURG FL 33709
TITLE	D
NAME	ITTNER, JOHN
STREET ADDRESS	5660 80TH ST. N. D303
CITY - ST - ZIP	ST. PETE FL 33709
TITLE	D
NAME	WILKENS, RAY
STREET ADDRESS	5660 80TH ST N B105
CITY - ST - ZIP	ST. PETERSBURG FL 33709
TITLE	D
NAME	ORWIG, PAUL no longer
STREET ADDRESS	5660 80TH ST N C102
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	GARICCIA, CARL no longer
STREET ADDRESS	5660 80TH ST N D103
CITY - ST - ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Hansen	
1.3 STREET ADDRESS	5660 80th St. N. C205	
1.4 CITY - ST - ZIP	St. Petersburg, Fl 33709	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	\$12/10	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	William Evans	
5.3 STREET ADDRESS	5660 80th St. N. B207	
5.4 CITY - ST - ZIP	St. Petersburg, Fl 33709	
6.1 TITLE	Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	- & Agent (same)	
6.3 STREET ADDRESS	Dorothy R. Morey	
6.4 CITY - ST - ZIP	5660 80th St. N. D208	
	St. Petersburg, Fl 33709	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy Morey, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-95
(Date)

813-541-1222
(Telephone Number)

CR2E067 (3/95)