


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90043 026 \*\*\*\*61.25

**DOCUMENT # 724688**  
 1. Entity Name  
**FIVE TOWNS OF ST. PETERSBURG, NO. 301, INC.**



Principal Place of Business  
 5660 80TH ST. N  
 APT. ~~208~~ C-109  
 ST PETERSBURG, FL 33709 US

Mailing Address  
 5660 80TH ST. N  
 APT. ~~208~~ C-109  
 ST PETERSBURG, FL 33709 US



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01122004 Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent  
**BERRINGER, JERRY**  
**5660 80TH ST. N. B 308**  
**ST PETERSBURG, FL 33709**

7. Name and Address of New Registered Agent  
 Name  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

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	
TITLE PT <input type="checkbox"/> Delete	NAME <b>MOREY, DOROTHY</b> STREET ADDRESS <b>5660 80TH ST. NORTH, D-208</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33709</b>
TITLE VP <input type="checkbox"/> Delete	NAME <b>DAIGLE, AUGUSTINE</b> STREET ADDRESS <b>5660 80TH ST. NORTH, A-205</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33709</b>
TITLE S <input checked="" type="checkbox"/> Delete	NAME <b>JACOB, PATRICIA</b> STREET ADDRESS <b>5660 80TH ST. NORTH, 1-307</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33709</b>
TITLE D <input checked="" type="checkbox"/> Delete	NAME <b>CARL, LARICIA</b> STREET ADDRESS <b>5660 80TH ST. NORTH, D-103</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33709</b>
TITLE D <input type="checkbox"/> Delete	NAME <b>LOVE, ROBERT</b> STREET ADDRESS <b>5660 80TH ST. NORTH, C-108</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33709</b>
TITLE D <input checked="" type="checkbox"/> Delete	NAME <b>BILGER, ROSE</b> STREET ADDRESS <b>5660 80TH ST. NORTH, C-105</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33709</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <i>President</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>William Hansen</i> STREET ADDRESS <i>7758 Fyfeham Ct N.</i> CITY-ST-ZIP <i>St. Pete, FL 33709</i>
TITLE <i>V.P.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <i>DOROTHY MOREY</i> STREET ADDRESS <i>5660 80th St. N. D208</i> CITY-ST-ZIP <i>St. Pete, Fl. 33709</i>
TITLE <i>VP</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <i>Augustine Daigle</i> STREET ADDRESS <i>5660 80th St. N. A205</i> CITY-ST-ZIP <i>St. Pete, Fl. 33709</i>
TITLE <i>Sec.</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>Carole Illingworth</i> STREET ADDRESS <i>5660 80th St. N. 5303</i> CITY-ST-ZIP <i>St. Pete, Fl. 33709</i>
TITLE <i>Treas.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <i>Robert Love</i> STREET ADDRESS <i>5660 80th St. N. C 108</i> CITY-ST-ZIP <i>St. Pete, Fl. 33709</i>
TITLE <i>Asst. Sec.</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>Joan Bishop</i> STREET ADDRESS <i>5660 80th St. N. A304</i> CITY-ST-ZIP <i>St. Pete, Fl. 33709</i>

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:** *Dorothy Morey* **DOROTHY MOREY** *Jan 12-2004* **727-541-1222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #