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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725321 (4)

1. Corporation Name
ST. PETERSBURG JUNIOR COLLEGE ALUMNI ASSOCIATION, INC.

Principal Place of Business 6580 66TH ST NORTH PINELLAS PARK FL 34665-1207	Mailing Address P.O. BOX 13489 RESOURCE DEVELOPMENT ST. PETERSBURG FL 33733 US
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3. Date Incorporated or Qualified
01/18/1973

4. FEI Number
23-7363905

Applied For	
Not Applicable	

2. Principal Place of Business 21 8580 66TH ST NORTH	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PINELLAS PARK FL	City & State 28
Zip 24 33782	Country 25 US
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HENNINGER, DAVID
 8580 66TH STREET NORTH
 PINELLAS PARK FL 34665**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 33782

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 officer 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAUTWEIN, KATHLEEN 3798 PRESIDENTIAL DR PALM HARBOR FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICCIONE, MICHELLE 4090 DAVENTRY LANE PALM HARBOR FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURKE, KENNETH P 9609 134TH WAY N SEMINOLE FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CREVELING, HAZEL 6851 15TH AVE. NORTH ST. PETERSBURG FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERGER, THOMAS J. 7785 68TH STREET N. PINELLAS PARK FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSHING, STEVE 12844 74TH AVE., NORTH SEMINOLE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD PICCIONE, MICHELLE 3001 LANDMARK BLVD UNIT 102 PALM HARBOR FL 34684
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD CREVELING, HAZEL 6851 15TH AVENUE NORTH ST PETERSBURG FL 33710
<input type="checkbox"/> Change <input type="checkbox"/> Addition	SD JANET CONRAD 11455 118TH PLACE NORTH LARGO FL 34648
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D NICKSE, WALLACE 7101 128TH STREET NORTH SEMINOLE FL 34646

14. 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 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: *Michelle Piccione* **3/25/98** **815 784 3772**

CR2E037 (10/97)