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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 725321

1. Corporation Name

ST. PETERSBURG JUNIOR COLLEGE ALUMNI ASSOCIATION

| 8580 66TH ST N |
|---|
| 8580 66TH ST N PINELLAS PARK FL 34665-1207 |
| us |

Principal Place of Business

Mailing Address

P.O. BOX 13489

FILED Mar 29, 1999 8:00 am § Secretary of State

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| PINELLAS PARK FL 34665-1207 RESOURCE DEVELOPMENT US ST. PETERSBURG FL 33733 US | | | | | | | | | |
|---|---|---------------------|---------------------------|------------|---|--------------|----------|------------|--|
| Principal Place of Business 2a. Mailing Address | | | | | 3. Date Incorporated or Qualifed 01/18/1973 | | <u>.</u> | ·· | |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | 4. FEI Number | 1 | App | lied For | |
| 22 | ,,, 5.5. | 27 Institutional | Institutional Advancement | | 23-7363905 | | | Applicable | |
| City & State | | | | | 5. Certificate of Status Desired | - | | dditional | |
| 23 28 | | | | | | <u>'</u> | ee Rec | | |
| Zip | Country | Zip | Country | <i>f</i> | 6. Election Campaign Financing | | 5.00 h | | |
| 24 33781 25 29 30 9. Name and Address of Current Registered Agent | | | | | Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent | | | | |
| | 9. Name and Address of Current | Kedisteled Adelit | 81 | 81 Name | | | | | |
| · | | | | | | | | | |
| HENNIGER, DAVID | | | 82 | Street Add | ddress (P.O. Box Number is Not Acceptable) | | | | |
| | 1 Street North Park Fl 34665 | | | | | | | | |
| PINELLAS | PARK FL 34003 | | 84 | C:4- | | 85 | Zip C | nde | |
| İ | | | | , | | FLI | | | |
| 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 reinstating) DATE | | | | | | | | | |
| 12. | OFFICERS ANI | | 13. | | ADDITIONS/CHANGES TO OFFICE | | | | |
| TITLE | SD | ☐ DELETE | 1.1 TITLE | | | □c | hange | Addition | |
| NAME | CONRAD, JANET | | 12 NAME | | | | | | |
| STREET ADDRESS | 11455 118TH PLACE NORTH | | 1.3 STREE | TADDRESS | | | | | |
| CITY-ST-ZIP | LARGO FL 34684 | □ DELETE | 1.4 CITY-5 | ST-ZIP | | | hange | Addition | |
| { TITLE | PD | ☐ DELETE | 2.1 TITLE | P | D | × | nungo | | |
| NAME | PICCIONE, MICHELLE | nA | 2.2 NAME | TADDOCCO | ICCIONE, MICHELLE | | | | |
| STREET ADDRESS | 3001 LANDMARK BLVD, UNIT 10 PALM HARBOR FL 34684 | UZ | 2.3 STREE | /1 | 07 E SHORE DRIVE | | | | |
| CITY-ST-ZIP | TD | DELETE | 3.1.TITLE | 0 | LDSMAR FL 34677 | | hange | Addition | |
| NAME | BURKE, KENNETH P | | 3.2 NAME | | | | | | |
| STREET ADDRESS | 9609 134TH WAY N | | | TADDRESS | | | | | |
| CITY-ST-ZIP | SEMINOLE FL | | 3.4. CITY- | ST-ZIP | | | | _ | |
| TITLE | VD | ☐ DELETE | 4.1 TITLE | | | | hange | ☐ Addition | |
| NAME ! | CREVELING, HAZEL | • | 4. 2 NAME | : | | • | | | |
| STREET ADDRESS | 6851 15TH AVE. NORTH | | 4.3 STREE | TADDRESS | | | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | | 4.4 CITY-5 | ST-ZIP | | | <u></u> | - Addition | |
| TITLE . | D | ☐ DELETE | 5.1 TITLE 5.2 NAME | | | П | hange | Addition | |
| NAME | JERGER, THOMAS J. | | | ET ADDRESS | | | | | |
| STREET ADDRESS | 7785 66TH STREET N. | | 5.4 CITY-8 | | | | | | |
| TITLE | PINELLAS PARK FL | ☐ DELETE | 6.1 TITLE | | | ПС | hange | Addition | |
| NAME | - | | 6.2 NAME | | | | J. | _ | |
| STREET ADDRESS | NICKSE, WALLACE 7101 128TH STREET N | | 6.3 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | SEMINOLE FL 34646 | | 6.4 CITY-S | | | | | | |
| WILL GITAL | VENUIOLE F ALALA | | | | | | | | |

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 jsupplemental 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, with all other like empowered.

SIGNATURE: