

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90131 002 ****61.25

DOCUMENT # 725321

1. Entity Name

ST. PETERSBURG COLLEGE ALUMNI ASSOCIATION, INC.



Principal Place of Business

**8580 66TH ST N
PINELLAS PARK FL 34685-1207
US**

Mailing Address

**P.O. BOX 13489
INSTITUTIONAL ADVANCEMENT
ST. PETERSBURG FL 33733
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7363905**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33701

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **CONRAD, JANET**
STREET ADDRESS **11649 OAK RIDGE AVE**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PICCIONE, MICHELLE**
STREET ADDRESS **800 SHORE DRIVE EAST**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☐ Change ☒ Addition
NAME **JOHN BROWN**
STREET ADDRESS **1864 Ringeway Drive**
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **D** ☐ Delete
NAME **BURKE, KENNETH P**
STREET ADDRESS **14428 TANGLEWOOD DR**
CITY-ST-ZIP **LARGO FL 33774**

TITLE **D** ☐ Change ☒ Addition
NAME **CHERYL MAILLORE**
STREET ADDRESS **3177 164TH WAY NORTH**
CITY-ST-ZIP **ST PETERSBURG, FL 33710**

TITLE **SD** ☐ Delete
NAME **CREVELING, HAZEL**
STREET ADDRESS **6851 15TH AVE. NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **BROCK, LAURA K**
STREET ADDRESS **12276 106 AVENUE N**
CITY-ST-ZIP **LARGO FL 33778**

TITLE **#** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MAYO, MICHAEL**
STREET ADDRESS **767 43RD AVE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

1/21/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)