

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730197

FILED
May 09, 2009
Secretary of State

Entity Name: HISTORIC OLD NORTHEAST NEIGHBORHOOD ASSOCIATION OF ST. PETERSBURG, INC.

Current Principal Place of Business:

P O BOX 76324
ST PETERSBURG, FL 33734324 US

New Principal Place of Business:

756 BAY ST NE
ST PETERSBURG, FL 33701 US

Current Mailing Address:

P O BOX 76324
ST PETERSBURG, FL 33734324 US

New Mailing Address:

P O BOX 76324
ST PETERSBURG, FL 33734-324 US

FEI Number: 23-7405683 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LANGE, MARY ALICE
526 15TH AVE NE
SAINT PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

STAFFORD, MAUREEN PRES
756 BAY ST NE
SAINT PETERSBURG, FL 33701 US

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.

SIGNATURE: MAUREEN STAFFORD

05/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANGE, MARY ALICE
Address: 526 15TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: DS () Delete
Name: STEPHENSON, ANNE-MARIE
Address: 235 12TH AVE
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: DT () Delete
Name: HAAN, DOUGLAS C
Address: 325 8TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STAFFORD, MAUREEN PRES
Address: 756 BAY ST NE
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: DVP (X) Change () Addition
Name: WATTS, ROBERT VP
Address: 2000 21ST ST N
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: DT (X) Change () Addition
Name: HAAN, DOUGLAS C TREAS
Address: 325 8TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS C HAAN

DT

05/09/2009

Electronic Signature of Signing Officer or Director

Date