

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733906

FILED
Mar 17, 2009
Secretary of State

Entity Name: LATVIAN ASSOCIATION OF ST. PETERSBURG, INC.

Current Principal Place of Business:

1705 9TH AVE. N.
ST. PETERSBURG, FL 337137136 US

New Principal Place of Business:

Current Mailing Address:

3209 W MARITANA DRIVE
ST PETE BEACH, FL 337064042 US

New Mailing Address:

FEI Number: 59-1704867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUPMANE-HOHLOVA, IRISA SEC.
2045 FIESTA RIDGE COURT
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: EPERMANIS, GEORGS
Address: 16141 CRAIGEND PLACE
City-St-Zip: ODESSA, FL 335562818

Title: P () Delete
Name: NORBERGS, ILGVARS
Address: 3209 W. MARITANA DRIVE
City-St-Zip: SAINT PETERSBURG, FL 337064042

Title: S () Delete
Name: KAUPMANE-HOHLOVA, IRISA
Address: 2045 FIESTA RIDGE COURT
City-St-Zip: TAMPA, FL 33604

Title: T () Delete
Name: ARE, IRENE
Address: 4055 7TH ST N
City-St-Zip: SAINT PETERSBURG, FL 337034605

Title: D () Delete
Name: PRAVS, MARIS
Address: 14997 IMPERIAL POINT DRIVE N.
City-St-Zip: LARGO,, FL 33774

Title: D () Delete
Name: LAUZUMS, INDULIS
Address: 2020 1ST ST N
City-St-Zip: SAINT PETERSBURG, FL 337043412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: EPERMANIS, GEORGS
Address: 16141 CRAIGEND PLACE
City-St-Zip: ODESSA, FL 335562818

Title: P (X) Change () Addition
Name: LIEPINS, GUNARS
Address: 9651 - 45TH WAY
City-St-Zip: PINELLAS PARK, FL 33782

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GUNARS LIEPINS

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date