

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 734390 (8)

1. Corporation Name

ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY,  
INC.

Principal Place of Business

Mailing Address

2201 FIRST AVENUE NORTH  
ST PETERSBURG FL 33713

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ST PETERSBURG FL 33713



3. Date Incorporated or Qualified 11/20/1975  
3a. Date of Last Report 03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-1674088

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASKEL, LOUIS  
2963 GULF TO BAY BLVD  
S210  
CLEARWATER FL 34619

81 Name Haskell, Louis  
82 Street Address (P.O. Box Number is Not Acceptable)  
415 South San Remo Avenue  
83  
84 City Clearwater FL 85 Zip Code 34616

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 AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CLAYTON, EDITH  
STREET ADDRESS 155 84TH AVENUE NORTH  
CITY - ST - ZIP ST. PETERSBURG FL  
☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE D  
NAME SORIANO, CARLOS  
STREET ADDRESS 9020 BAYWOOD PARK DR  
CITY - ST - ZIP SEMINOLE FL  
☒ DELETE

2.1 TITLE D  
2.2 NAME Olive Moffett  
2.3 STREET ADDRESS 1511 Alcazar Way South  
2.4 CITY - ST - ZIP St. Petersburg, FL 33705  
☒ Change ☐ Addition

TITLE S  
NAME DOWLING, JO  
STREET ADDRESS 5729 - 13 AVE NO  
CITY - ST - ZIP ST PETERSBURG, FL 0  
☒ DELETE

3.1 TITLE S  
3.2 NAME JoAnn Bonner  
3.3 STREET ADDRESS 3575 Abington Avenue South  
3.4 CITY - ST - ZIP St. Petersburg, FL 33711  
☒ Change ☐ Addition

TITLE T  
NAME RICHTER, GERRY  
STREET ADDRESS 9670 44TH WAY NORTH  
CITY - ST - ZIP PINELLAS PARK FL  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE P  
NAME DOBBS, ROBERT  
STREET ADDRESS 7744 BRISTOL CRT  
CITY - ST - ZIP ST PETERSBURG FL  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE V  
NAME CHIPELO, HENRY  
STREET ADDRESS 2849 57TH ST N  
CITY - ST - ZIP ST PETERSBURG FL  
☒ DELETE

6.1 TITLE V  
6.2 NAME Susan Sousa  
6.3 STREET ADDRESS 5400 Bates Street  
6.4 CITY - ST - ZIP Seminole, FL 34642  
☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Gerry Richter (GERRY RICHTER) TRUST

6-14-96 (813) 579-0380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)