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FILED
May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	2201 FIRST AVENUE NORTH ST PETERSBURG FL 33713

3. Date Incorporated or Qualified: 11/20/1975

4. FEI Number: 59-1674088 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HASKEL, LOUIS 415 SOUTH SAN REMO AVENUE S210 CLEARWATER FL 34616	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	CLAYTON, EDITH		1.2 NAME	MACARI BARBARA	
STREET ADDRESS	155 84TH AVENUE NORTH		1.3 STREET ADDRESS	2040 GULF BOULEVARD	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 34634	
TITLE	D	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	MOFFETT, OLIVE		2.2 NAME	FRANK DICENZO JR	
STREET ADDRESS	1511 ALCAZAR WAY SOUTH		2.3 STREET ADDRESS	8752 LAKE VILLA DR	
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	LEESBURG, FL 34625	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICHTER, GERRY		3.2 NAME		
STREET ADDRESS	9870 44TH WAY NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOBBS, ROBERT		4.2 NAME		
STREET ADDRESS	7744 BRISTOL CRT		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SOUSA, SUSAN		5.2 NAME		
STREET ADDRESS	5400 BATES STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP		
TITLE	~~DIRECTOR~~	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	~~MORRIS, BARBARA~~		6.2 NAME		
STREET ADDRESS	~~4153 LAKE VILLA DR.~~		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 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: [illegible] [illegible] 5-20-98 (813) 327-7980