## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # 734390** 1. Entity Name 04-20-2005 90332 033 \*\*\*\*61.25 ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY, INC. Principal Place of Business Mailing Address 559 MIRROR E LAKE SHUFFLE BOARD BLDG SAINT PETERSBURG FL 33701 330 FIFTH ST N SAINT PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-1674088 Not Applicable 7ip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HASKEL, LOUIS Street Address (P.O. Box Number is Not Acceptable) 415 SOUTH SAN REMO AVENUE S210 **CLEARWATER FL 34616** City Zip Code 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE DICE ☐ Delete Change 400A 3768 SANTOS, ANNA NAME NAME 10357 N . 3768 103RD AVE N STREET ADDRESS STREET ADDRESS -33162 **CLEARWATER FL 33762** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition WHITE, GEORGE NAME NAMÉ 4511 67TH AVE N STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition YOUSEFIANI, ABBAS NAME 6912 CIRCLE CREEK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-7/P THUE ☐ Delete TITLE Change ☐ Addition BISHARA, MACARI NAME NAME 2040 GULF BLVD STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33786** CITY-ST-ZIP CITY-ST-ZIP

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 of 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 add/ess, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

PISTOLICH, MILAN

SHEEPLER, SARA

1019 JUNGLE AVE

8400 49TH ST N APT 508

PINELLAS PARK FL 33781

SAINT PETERSBURG FL 33710

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

Date Daytime Phone #

☐ Change

Change

☐ Addition

. 🔲 Addition

**FILED**