2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 734390

1. Entity Name
ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY, INC.

FILED
07 AUG 17 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08032007 Chg-NP CR2E037 (12/06)

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HASKEL, LOUIS 415 SOUTH SAN REMO AVENUE S210 CLEARWATER, FL 34616	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

900108707169
08/28/07--01037--001 **61.25

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

Amended AR is $61.25

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ORDONEZ, JOE DR 3408 EAST MONTE DR. VALRICO, FL 33594 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PARSONS, BILL DR. 4220 Narvarez Way S. St. Petersburg, Fl 33712 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORRIS, MICHAEL 5745 TANGERINE AVENUE SOUTH GULFPORT, FL 33707 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OMUR TASAR 151 20th Ave. NE St. Petersburg, Fl 33704 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KRAMER, JAMES P.O. BOX SAINT PETERSBURG, FL 33732 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MICHAEL MORRIS 5745 Tangerine Ave. South Gulfport, Fl 33707 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MACKENZIE GROSS, DALE P.O. BOX SAINT PETERSBURG, FL 33743 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONALD JACKSON 1418 27TH AVE, SOUTH St. Petersburg, Fl 33705 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHIPELO, HENRY 2849 57TH STREET NORTH ST. PETERSBURG, FL 33371 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZLATKO HORVATICH 2832 56th Street South Gulfport, Fl 33707 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARSONS, BILL DR 4220 NAVAREZ WAY SOUTH ST. PETERSBURG, FL 33712 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M ROSALINE SUGRIVE 925 67th Street South St. Petersburg, Fl 33707 ☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R Sugrive Rosaline Sugrive, Executive Director August 3,2007 727-552-1896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #