

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 735599</b>	
1. Entity Name THE CATHEDRAL BOOKSTORE OF ST. PETERS CATHEDRAL, INC.	
Principal Place of Business 136 4TH ST N ST PETERSBURG, FL 33701	Mailing Address 136 4TH STREET NORTH ST PETERSBURG, FL 33701 US



02252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1708310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CYNTHIA C. CAMPBELL 136 4TH STREET NORTH ST. PETERSBURG, FL 33701
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IN THIS SPACE**

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 Cynthia C. Campbell Registered Agent & Manager 4-11-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANSBERRY, FRED 1401 17TH AVE N SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, CHARLES E 1656 MANOR WAY SOUTH ST. PETERSBURG FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMUNDRUD, KAREN 4663 32ND AVE N ST. PETERSBURG FL, 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, MARTHA 751 25TH AVE NORTH ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMUNDRUD, KAREN 4663 32ND AVE N SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, SARAH 1906 CAROLINA AVE NE SAINT PETERSBURG, FL 33703

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04/13/05-80107-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Karen P. Amundrud 4/5/05 727-823-4198  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #