
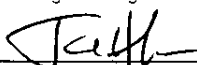



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90063 045 ****61.25

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # 744269 1. Entity Name COREY AREA BUSINESS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business P.O. BOX 67393 ST PETERSBURG BEACH, FL 33706 | | | Mailing Address P.O. BOX 67393 ST PETERSBURG BEACH, FL 33706 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0048420 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VAIDILA, DAINIUS 8351 BLIND PASS RD SAINT PETERSBURG, FL 33706 | | | 7. Name and Address of New Registered Agent Name Joe Huffstutler Street Address (P.O. Box Number is Not Acceptable) 253 Corey Ave. City St Pete Beach FL Zip Code 33706 | | |
| 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  DATE 7/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 ADAMS, SALLY 415 COREY AVE. SAINT PETERSBURG, FL 33706 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P Roos, Renee 8020 Gulf Blvd. St Pete Beach, FL 33706 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP OSTERMEIR, JOHN 342 COREY AVE SAINT PETERSBURG, FL 33706 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP Hansen, Kathi 423 Corey Ave St Pete Beach FL 33706 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T VAIDILA, DAINIUS 8351 BLIND PASS RD SAINT PETERSBURG, FL 33706 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Tres Huffstutler, Joe 253 Corey Ave. St Pete Beach FL 33706 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S WHIPPLE, ROBERTA 365 73RD AVE SAINT PETERSBURG, FL 33706 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | | Date 7/25/08 Daytime Phone # (727) 363-4524 | | |