


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90045 045 ****61.25

DOCUMENT # 746541 1. Entity Name FLORIDA POWER CLUB					
Principal Place of Business C/O ALEX NOVAKOSKI Pat Corbissiero 6565 38TH AVENUE NORTH SAINT PETERSBURG, FL 33710 US				Mailing Address C/O ALEX NOVAKOSKI Pat Corbissiero 6565 38TH AVENUE NORTH SAINT PETERSBURG, FL 33710 US	
2. Principal Place of Business Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____				3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____	
4. FEI Number 59-6004292				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03142005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent NOVAKOSKI, ALEX 6565 38TH AVENUE NORTH SAINT PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name Patricia Corbissiero Street Address (P.O. Box Number is Not Acceptable) 6565 38th Ave North City ST. Petersburg FL Zip Code 33710	
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 <i>Patricia L. Corbissiero</i> Patricia L. Corbissiero 3/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 MCREE, CYTHINA 100 CENTRAL AVENUE SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Duvall Deborah 100 Central Ave ST. Petersburg FL 33701	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUVALL, DEBORAH 100 CENTRAL AVE SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Joe Rosenberger 100 Central Ave ST. Petersburg FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORBISSERO, PATRICIA 6565 38TH AVENUE NORTH SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McRee Cyndi 100 Central Ave ST. Petersburg FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLATTLEY, PEGGY 100 CENTRAL AVE SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony Salvatorezza 100 Central Ave ST. Petersburg FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATTLIFF, WES 100 CENTRAL AVE SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony Salvatorezza 100 Central Ave ST. Petersburg FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEILBACH, CRAIG 100 CENTRAL AVE SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony Salvatorezza 100 Central Ave ST. Petersburg FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 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: <i>Patricia L. Corbissiero</i> Patricia L. Corbissiero 3/14/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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727-384-7820