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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749635** (9)

1. Corporation Name

THE ST. PETERSBURG JUNIOR COLLEGE DEVELOPMENT FOUNDATION, INC.



Principal Place of Business	Mailing Address
P.O. BOX 13489 (ST. PETERSBURG, FL. 33733) 8580 66TH STREET NORTH PINELLAS PARK FL 34665-1207	P.O. BOX 13489 (ST. PETERSBURG, FL. 33733) 8580 66TH STREET NORTH PINELLAS PARK FL 33781-1207

3. Date Incorporated or Qualified 11/02/1979	3a. Date of Last Report 03/01/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1954362	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip 33781-1207 Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENNINGER, DAVID
8580 66TH ST. NO.
PINELLAS PARK FL 34665

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, THOMAS H.	1.2 NAME	
STREET ADDRESS	6274 18TH STREET NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RITCHIE, WILLIAM J.	2.2 NAME	SLOAN, JOHN B.
STREET ADDRESS	8580 66TH STREET NORTH	2.3 STREET ADDRESS	8580 66TH STREET NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 00000	2.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	PE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHMAN, MAURICE A.	3.2 NAME	MAY, ALFRED T.
STREET ADDRESS	5700-70TH AVE. NORTH	3.3 STREET ADDRESS	6600 SUNSET WAY, APT. B-304
CITY-ST-ZIP	PINELLAS PARK FL 34665	3.4 CITY-ST-ZIP	ST PETE BEACH, FL 33706
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DIANNA	4.2 NAME	
STREET ADDRESS	8580 66TH STREET NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEHRIG, W. DANA	5.2 NAME	ROTHMAN, MAURICE A.
STREET ADDRESS	1132 SNELL ISLE BLVD NE	5.3 STREET ADDRESS	5700 - 70TH AVE. NORTH
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'HEARN, SUE	6.2 NAME	LESLIE, HELEN K.
STREET ADDRESS	2764 69TH AVENUE SOUTH	6.3 STREET ADDRESS	1000 - 30TH STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33712

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John B. Sloan* Executive Director/Secretary 1/8/97 (813) 341-3304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John B. Sloan Date Daytime Phone # 0052169

CR2E037 (9/96)