

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749635

FILED
May 13, 2004
Secretary of State**Entity Name:** ST. PETERSBURG COLLEGE FOUNDATION, INC.**Current Principal Place of Business:**P.O.BOX 13489 (ST.PETERSBURG, FL. 33733)
8580 66TH STREET NORTH
PINELLAS PARK, FL 33781207 US**New Principal Place of Business:**8580 66TH STREET NORTH
PINELLAS PARK, FL 33781207 US**Current Mailing Address:**P.O.BOX 13489 (ST.PETERSBURG, FL. 33733)
8580 66TH STREET NORTH
PINELLAS PARK, FL 33781207 US**New Mailing Address:**P.O.BOX 13489
SAINT PETERSBURG, FL 33733 US**FEI Number:** 59-1954362**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HENNINGER, DAVID
8580 66TH ST. NO.
PINELLAS PARK, FL 337811207 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BUCHANAN, JANICE C
Address: 8580 66TH ST N
City-St-Zip: PINELLAS PARK, FL 337811207

Title: D () Delete
Name: LESLIE, HELEN K
Address: 2304 KINGFISHER LANE
City-St-Zip: CLEARWATER, FL 33762

Title: P () Delete
Name: SCHAFER JR, WALTER L
Address: 2430 ESTANCIA BLVD 108
City-St-Zip: CLEARWATER, FL 33761

Title: T () Delete
Name: FURNAS, THERESA
Address: 8580 66TH ST N
City-St-Zip: PINELLAS PARK, FL 337811207

Title: D () Delete
Name: MAY, ALFRED T
Address: 4893 BACOPA LANE SOUTH #105
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D () Delete
Name: CHERVEN, KENNETH
Address: 9001 BELCHER RD
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: SCHAFER JR, WALTER L
Address: 2430 ESTANCIA BLVD 108
City-St-Zip: CLEARWATER, FL 33761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER L. SCHAFER, JR.

C

05/13/2004

Electronic Signature of Signing Officer or Director

Date