

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749635

FILED
Mar 04, 2009
Secretary of State

Entity Name: ST. PETERSBURG COLLEGE FOUNDATION, INC.

Current Principal Place of Business:

6021 142ND AVE NORTH
LARGO, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 13489
SAINT PETERSBURG, FL 33733 US

New Mailing Address:

FEI Number: 59-1954362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKENZIE, III, SYDNEY H
6021 142ND AVE N
CLEARWATER, FL 33760 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: D () Delete
Name: HANNA, PAUL J
Address: 6021 142ND AVE N
City-St-Zip: CLEARWATER, FL 33760 US

Title: D () Delete
Name: SCHAFER JR, WALTER L
Address: 7530 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34654 US

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

Title: T () Delete
Name: FURNAS, THERESA
Address: 14025 58TH STREET NORTH
City-St-Zip: LARGO, FL 33760 US

Title: D () Delete
Name: MAY, ALFRED T
Address: 4983 BACOPA LANE SOUTH #105
City-St-Zip: SAINT PETERSBURG, FL 33715 US

Title: D () Delete
Name: LESLIE, HELEN K
Address: ONE BCH DR SE 1903
City-St-Zip: SAINT PETERSBURG, FL 33701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 exemption stated 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 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: PAUL J. HANNA

D

03/04/2009

Electronic Signature of Signing Officer or Director

Date