

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90048 037 *****70.00

DOCUMENT # 749635

1. Entity Name

ST. PETERSBURG COLLEGE FOUNDATION, INC.



Principal Place of Business

P.O. BOX 13489 (ST. PETERSBURG, FL 33733)
8580 66TH STREET NORTH
PINELLAS PARK FL 33781-1207
US

Mailing Address

P.O. BOX 13489 (ST. PETERSBURG, FL 33733)
8580 66TH STREET NORTH
PINELLAS PARK FL 33781-1207
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1954362**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENNINGER, DAVID
8580 66TH ST. NO.
PINELLAS PARK FL 33781-1207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☐ Delete
NAME **SD**
STREET ADDRESS **BUCHANAN, JANICE C**
CITY-ST-ZIP **8580 66TH ST N**
PINELLAS PARK FL 33781-1207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **ROTHMAN, THELMA P**
CITY-ST-ZIP **1018 PARK ST N.**
ST PETERSBERG FL 33710

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **LESLIE, HELEN K.**
CITY-ST-ZIP **2304 KINGFISHER LANE**
CLEARWATER, FL 33762

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **SCHAFER JR, WALTER L**
CITY-ST-ZIP **3443 BEACH TRAIL**
CLEARWATER FL 33671

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **SCHAFER, JR., WALTER L.**
CITY-ST-ZIP **2430 ESTANCIA BLVD., #108**
CLEARWATER, FL 33761

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **FURNAS, THERESA**
CITY-ST-ZIP **8580 66TH ST N**
PINELLAS PARK FL 33781-1207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MAY, ALFRED T**
CITY-ST-ZIP **4893 BACOPA LANE SOUTH #105**
SAINT PETERSBURG FL 33715

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **GREGORY, THOMAS H**
CITY-ST-ZIP **6274 18TH ST NE**
ST PETERSBURG FL 33702

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **CHEVEN, KENNETH P.**
CITY-ST-ZIP **9001 BELCHER ROAD**
PINELLAS PARK, FL 33781

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:

Janice C. Buchanan
SIGNATURE REQUIRED

Janice C. Buchanan

1/27/03

(727)341-3319

CR2E037 (10/02)