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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **758208** **(3)**

1. Corporation Name

ST. PETERSBURG YOUNG REPUBLICAN CLUB, INC.

Principal Place of Business	Mailing Address
% ROBERT J. LONERGAN 3200 33RD STREET NORTH. STE. 7 ST. PETE FL 33713 US	P.O. BOX 12575 ST. PETERSBURG FL 33733-2575 US

3. Date Incorporated or Qualified: 10/29/1981
3a. Date of Last Report: 12/29/1995

2. Principal Place of Business
21 Domenick Siciliano
22 Suite, Apt. #, etc.: 1900 Illinois Ave NE
23 City & State: St. Petersburg, FL
24 Zip: 33703 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LONERGAN, ROBERT J JR..
3200 33RD STREET NORTH
STE. 7
ST. PETE FL 33713

10. Name and Address of New Registered Agent

81 Name: Domenick Siciliano
82 Street Address (P.O. Box Number Is Not Acceptable): 1900 Illinois Ave NE
83 ST. Petersburg, FLORIDA
84 City: FL 85 Zip Code: 33703

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: [signature] (DOMENICK SICILIANO) 4-9-97
Signature, and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LONERGAN, ROBERT J		1.2 NAME	~~Domenick~~ Siciliano, Domenick	
STREET ADDRESS	3200 33RD STREET NORTH, STE. 7		1.3 STREET ADDRESS	1900 Illinois Ave NE	
CITY-ST-ZIP	ST. PETE FL 33713		1.4 CITY-ST-ZIP	St. Pete, FL 33703	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	GORNOWICZ, GARY JR.		2.2 NAME	Romano, Marc	
STREET ADDRESS	201 S. MOODY AVE., STE. 1		2.3 STREET ADDRESS	12001 9th St. N # 2308	
CITY-ST-ZIP	TAMPA FL 33609		2.4 CITY-ST-ZIP	St. Pete, FL 33716	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	DONOVAN, JOHN		3.2 NAME	Pohlinger, Susan	
STREET ADDRESS	755 WHITESAND DRIVE		3.3 STREET ADDRESS	10265 Gandy Blvd	
CITY-ST-ZIP	ST. PETE FL		3.4 CITY-ST-ZIP	St. Pete, FL 33702	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	MARTIN, SHELBY C		4.2 NAME	Merandi, Lori	
STREET ADDRESS	2200 GLADES ST., STE. 120		4.3 STREET ADDRESS	1900 Illinois Ave NE	
CITY-ST-ZIP	LARGO FL 34644		4.4 CITY-ST-ZIP	St. Pete, Fl 33703	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRIOR, DAVID		5.2 NAME		
STREET ADDRESS	456 9TH AVE., NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: [signature] LORI MERANDI 4-8-97 (813) 527-5258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051333