

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 761493

1. Entity Name
FRUITLAND HEIGHTS NEIGHBORHOOD ASSOCIATION,
INCORPORATED



FILED

2007 JUN -6 AM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1837 20TH AVE SOUTH
ST. PETERSBURG, FL 33712

Mailing Address
1837 20TH AVE SOUTH
ST. PETERSBURG, FL 33712

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05162007

Chg-NP

CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

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

SHINGLES, VERA
1817 20TH AVE., S
SAINT PETERSBURG, FL 33712

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

Filing Fee is \$61.25
Due by September 14, 2007

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

TITLE PD ☐ Delete
NAME MACK, JOHNNIE B.
STREET ADDRESS 1837 - 20TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33712

TITLE VP ☐ Delete
NAME SHINGLES, VERA
STREET ADDRESS 1817 20TH AVE., S
CITY-ST-ZIP SAINT PETERSBURG, FL 33712

TITLE T ☐ Delete
NAME LOCKHART, ETHEL
STREET ADDRESS 1815 19TH AVE., S
CITY-ST-ZIP SAINT PETERSBURG, FL 33712

TITLE D ☐ Delete
NAME FALANA, CLINTON C.
STREET ADDRESS 1675 22ND AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300103970393
06/06/07--01018--011 **161.25

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

JOHNNIE B. MACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/4/07 7276967557