

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 761493

1. Entity Name

**FRUITLAND HEIGHTS NEIGHBORHOOD ASSOCIATION,
INCORPORATED**



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

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

\$8.75 Additional Fee Required

1st MOORE

CR2E037 (10/07)

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 must be filed when re-appointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **000000930488**
CITY-STATE-ZIP **05/21/08-80111-004 61.25**

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

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

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

4-17-08 727 896-7341