

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 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 # **762328** (3)

1. Corporation Name

ST. PETERSBURG POLICE ATHLETIC COMMITTEE, INC.

Principal Place of Business

Mailing Address

%RONALD K. HARTZ
1300 1ST AVE. N.
ST. PETERSBURG FL 33705

%RONALD K. HARTZ
1300 1ST AVE. N.
ST. PETERSBURG FL 33705-1509



3. Date Incorporated or Qualified **03/08/1982** 3a. Date of Last Report **04/22/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2176153** Applied For ☐ Not Applicable ☒

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

HARTZ, RONALD K.
1300 1ST AVE. N.
ST. PETERSBURG FL 33705

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, typed or 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASGOW, KEITH	1.2 NAME	
STREET ADDRESS	1300 1 AVENUE NORTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD BROWN, MICHAEL	2.2 NAME	
STREET ADDRESS	1300 1 AVENUE NORTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD HARTZ, RONALD	3.2 NAME	
STREET ADDRESS	1300 1ST AVE. N.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33705	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD PEER, NICHOLE VAN	4.2 NAME	
STREET ADDRESS	1300 1ST AVE. N.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33705	4.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V GLASGOW, KEITH	5.2 NAME	HARLING, JAMES
STREET ADDRESS	1300 1ST AVE. N.	5.3 STREET ADDRESS	1300 - 1ST AVE. N.
CITY - ST - ZIP	ST. PETERSBURG FL 33705	5.4 CITY - ST - ZIP	ST PETERSBURG FL. 33705
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D LYONS, RANDY	6.2 NAME	GIARDINA, SAMUEL
STREET ADDRESS	1300 1 AVENUE NORTH	6.3 STREET ADDRESS	1300 - 1ST AVE. N.
CITY - ST - ZIP	ST. PETERSBURG FL	6.4 CITY - ST - ZIP	ST PETERSBURG FL. 33705

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 REQUIRED

4/29/97

813 893-7808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050106

CR2E037 (9/96)