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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:15

DOCUMENT # 766628 (2)

1. Corporation Name
THE ST. PETERSBURG JUNIOR COLLEGE ATHLETIC BOOST ERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PO BOX 13489 (ST PETERSBURG, FL 33733) 8580 66TH STREET NORTH ST.PETERSBURG FL 34665-1207 US	PO BOX 13489 (ST PETERSBURG, FL 33733) 8580 66TH STREET NORTH ST.PETERSBURG FL 34665-1207 US

3. Date Incorporated or Qualified: 01/21/1983
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2355615 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HENNINGER, DAVID
8580 66TH ST. NO.
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PHILIPS, CHARLES F.	1.2 NAME	
STREET ADDRESS	111 SECOND AVE. NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HATFIELD JR., ROBERT N.	2.2 NAME	
STREET ADDRESS	2028 POWER FERRY RD NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, G MAX	3.2 NAME	
STREET ADDRESS	11174 REGAL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 00000	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	CUNNINGHAM JR, MAC H	4.2 NAME	
STREET ADDRESS	8580 66TH STREET NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HOLLIS, JEFFREY	5.2 NAME	
STREET ADDRESS	6453 109TH TERR. NO.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PK. FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	DEVENPORT, MICHAEL W	6.2 NAME	Davenport, Michael W.
STREET ADDRESS	111 2ND AVE NE #705	6.3 STREET ADDRESS	111 2nd Ave. NE, #705
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	St. Petersburg, FL 33701

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: E. Mc Parker Executive Director/Secretary 2/6/95 (813) 341-3304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014000