

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 766628 (2)

1. Corporation Name

THE ST. PETERSBURG JUNIOR COLLEGE ATHLETIC BOOSTERS, INC.



Principal Place of Business

Mailing Address

PO BOX 13489 (ST PETERSBURG, FL 33733)
8580 66TH STREET NORTH
ST. PETERSBURG FL 34665-1207
US

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8580 66TH STREET NORTH
ST. PETERSBURG FL 34665-1207
US

3. Date Incorporated or Qualified
01/21/1983

3a. Date of Last Report
02/13/1995

2. Principal Place of Business
21 **ST. PETERSBURG, FL 33733**
8580 66TH STREET NORTH

2a. Mailing Address
26 **PO BOX 13489**

4. FEI Number
59-2355615

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State
PINELLAS PARK, FL 34665-1207

28 City & State
ST. PETERSBURG, FL

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

24 Zip Country
34665-1207 US

29 Zip Country
33733 US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	PHILIPS, CHARLES F.	
STREET ADDRESS	111 SECOND AVE. NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HATFIELD JR., ROBERT N.	
STREET ADDRESS	2026 POWER FERRY RD NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BARBER, G MAX	
STREET ADDRESS	11174 REGAL LANE	
CITY-ST-ZIP	LARGO, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CUNNINGHAM JR, MAC H	
STREET ADDRESS	8580 66TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLIS, JEFFREY	
STREET ADDRESS	6453 109TH TERR. NO.	
CITY-ST-ZIP	PINELLAS PK. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEVENPORT, MICHAEL W	
STREET ADDRESS	111 2ND AVE NE #705	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Richard Winning
2.4 CITY-ST-ZIP	Derby Lane-10490 Gandy Blvd. North
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ED/S
3.3 STREET ADDRESS	Edward Long
3.4 CITY-ST-ZIP	8580 66th St. North
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	Dianna L. Williams
4.4 CITY-ST-ZIP	8580 66th St. North
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Michael W. Davenport
6.4 CITY-ST-ZIP	St. Petersburg/Clearwater Area Sports Foundation
	One Stadium Dr., Suite A, St. Petersburg, FL 33705

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)(k), 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:

Edward Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Director/Secretary 2/13/96 (813)341-4777

Date Daytime Phone #

CR2E037 (12/95)