

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

3. Date Incorporated or Qualified **01/21/1983** 3a. Date of Last Report **02/13/1995**

2. Principal Place of Business PO BOX 13489 2a. Mailing Address PO BOX 13489
21 8580 66TH STREET NORTH 26 8580 66TH STREET NORTH
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 PINELLAS PARK, FL 34665-1207 28 ST. PETERSBURG, FL
Zip Country Zip Country
24 34665-1207 25 US 29 33733 30 US

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

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATFIELD JR., ROBERT N.	2.2 NAME	Richard Winning
STREET ADDRESS	2026 POWER FERRY RD NW	2.3 STREET ADDRESS	Derby Lane-10490 Gandy Blvd. North
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	ED/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, G MAX	3.2 NAME	Edward Long
STREET ADDRESS	11174 REGAL LANE	3.3 STREET ADDRESS	8580 66th St. North
CITY-ST-ZIP	LARGO, FL 00000	3.4 CITY-ST-ZIP	Pinellas Park, FL 34665
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM JR, MAC H	4.2 NAME	Dianna L. Williams
STREET ADDRESS	8580 66TH STREET NORTH	4.3 STREET ADDRESS	8580 66th St. North
CITY-ST-ZIP	PINELLAS PARK, FL 00000	4.4 CITY-ST-ZIP	Pinellas Park, FL 34665
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVENPORT, MICHAEL W	6.2 NAME	Michael W. Davenport
STREET ADDRESS	111 2ND AVE NE #705	6.3 STREET ADDRESS	St. Petersburg/Clearwater Area Sports Foundation
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	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 Executive Director/Secretary 2/13/96 (813)341-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)