

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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 BOOST  
ERS, INC.**

Principal Place of Business

Mailing Address

PO BOX 13489 (ST PETERSBURG, FL 33733)  
8580 66TH STREET NORTH  
PINELLAS PARK FL 34066-1302X 33781  
USP.O. BOX 13489  
ST. PETERSBURG FL 33733-3489  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/21/1983

3a. Date of Last Report

02/23/1996

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

10. Name and Address of New Registered Agent

**HENNINGER, DAVID  
8580 66TH ST. NO.  
PINELLAS PARK FL 34066X 33781**

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** ☒ DELETE  
NAME **PHILIPS, CHARLES F.**  
STREET ADDRESS **111 SECOND AVE. NE**  
CITY-ST-ZIP **ST. PETERSBURG FL**TITLE **D** ☒ DELETE  
NAME **WINNING, RICHARD**  
STREET ADDRESS **DERBY LANE, 10490 GANDY BLVD NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**TITLE **EDS** ☐ DELETE  
NAME **LONG, EDWARD**  
STREET ADDRESS **8580 66TH STREET NORTH**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**TITLE **T** ☐ DELETE  
NAME **WILLIAMS, DIANNA L**  
STREET ADDRESS **8580 66TH STREET NORTH**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**TITLE **D** ☐ DELETE  
NAME **HOLLIS, JEFFREY**  
STREET ADDRESS **6453 109TH TERR. NO.**  
CITY-ST-ZIP **PINELLAS PK. FL 33782**TITLE **D** ☒ DELETE  
NAME **DAVENPORT, MICHAEL W**  
STREET ADDRESS **1 STADIUM DRIVE, SUITE A**  
CITY-ST-ZIP **ST. PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **WINNING, RICHARD**  
1.3 STREET ADDRESS **DERBY LANE, 10490 GANDY BLVD N**  
1.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33702**2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **PHILIPS, CHARLES F.**  
2.3 STREET ADDRESS **111 SECOND AVE. N.E., SUITE 1000**  
2.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **DAVENPORT, MICHAEL W.**  
3.3 STREET ADDRESS **14450-46TH STREET NORTH, SUITE 108**  
3.4 CITY-ST-ZIP **CLEARWATER, FL 34622**4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *Edward Long* **SIGNATURE REQUIRED** Executive Director/Secretary

2/5/97

341-4777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051383

CR2E037 (9/96)