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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766628 (2)
 1. Corporation Name
THE ST. PETERSBURG JUNIOR COLLEGE ATHLETIC BOOSTERS, INC.



Principal Place of Business PO BOX 13489 (ST PETERSBURG, FL 33733) 8580 66TH STREET NORTH PINELLAS PARK FL 34066 33781 US	Mailing Address P.O. BOX 13489 ST. PETERSBURG FL 33733-3489 US
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3. Date Incorporated or Qualified 01/21/1983	3a. Date of Last Report 02/23/1996
4. FEI Number 59-2355615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent HENNINGER, DAVID 8580 66TH ST. NO. PINELLAS PARK FL 34066 33781	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
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> DELETE PHILIPS, CHARLES F. 111 SECOND AVE. NE ST. PETERSBURG FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE WINNING, RICHARD DERBY LANE, 10490 GANDY BLVD NORTH ST. PETERSBURG FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDS <input type="checkbox"/> DELETE LONG, EDWARD 8580 66TH STREET NORTH PINELLAS PARK FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> DELETE WILLIAMS, DIANNA L 8580 66TH STREET NORTH PINELLAS PARK FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE HOLLIS, JEFFREY 6453 109TH TERR. NO. PINELLAS PK. FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE DAVENPORT, MICHAEL W 1 STADIUM DRIVE, SUITE A ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WINNING, RICHARD DERBY LANE, 10490 GANDY BLVD N ST. PETERSBURG, FL 33702
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PHILIPS, CHARLES F. 111 SECOND AVE. N.E., SUITE 1000 ST. PETERSBURG, FL 33701
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVENPORT, MICHAEL W. 14450-46TH STREET NORTH, SUITE 108 CLEARWATER, FL 34622
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sandra B. Mortham* **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)