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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: PO BOX 13489 (ST PETERSBURG, FL 33733) 8580 66TH STREET NORTH PINELLAS PARK FL 34005 33781-1207 US

Mailing Address: P.O. BOX 13489 ST. PETERSBURG FL 33733 US

3. Date Incorporated or Qualified  
01/21/1983

4. FEI Number 59-2355615 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 29 Country 30

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
HENNINGER, DAVID  
8580 66TH ST. NO.  
PINELLAS PARK FL 34005 33781-1207

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent first listed is applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WINNING, RICHARD	
STREET ADDRESS	DERBY LANE 10490 GANDY BLVD N	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHILIPS, CHARLES F	
STREET ADDRESS	111 SECOND AVE NE STE 1000	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DIANNA L	
STREET ADDRESS	8580 66TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781-1207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLIS, JEFFREY	
STREET ADDRESS	6453 109TH TERR. NO.	
CITY-ST-ZIP	PINELLAS PK. FL 33782	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVENPORT, MICHAEL W	
STREET ADDRESS	14450 46TH ST NORTH, STE 108	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeffrey M. Adams
2.3 STREET ADDRESS	360 Central Ave.
2.4 CITY-ST-ZIP	St. Petersburg, FL 33701
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 Adams* Executive Director/Secretary (813) 341-4777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052244

CFR2E037 (10/97)