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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766628

1. Corporation Name

**THE ST. PETERSBURG JUNIOR COLLEGE ATHLETIC BOOST
ERS, INC.**

Principal Place of Business

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

Mailing Address

P.O. BOX 13489
ST. PETERSBURG FL 33733
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/21/1983

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

9. Name and Address of Current Registered Agent

HENNIGER
~~HENNIGER~~ DAVID
8580 66TH ST. NO.
PINELLAS PARK FL 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

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	WINNING, RICHARD	
STREET ADDRESS	DERBY LANE 10490 GANDY BLVD N	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, JEFFREY M	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DIANNA L	
STREET ADDRESS	8580 66TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
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 checked="" 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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	COUNTS, RICHARD P
5.4 CITY-ST-ZIP	1718 MEREDITH LANE BELLEAIR FL 34616
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ED/S
6.3 STREET ADDRESS	LONG, JR., EDWARD J.
6.4 CITY-ST-ZIP	6605 FIFTH AVE N ST. PETERSBURG FL 33710-6801

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 3, 1999

(727) 341-4777

Date

Daytime Phone #

CR2E037 (11/98)