FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:51

DOCUMENT # 768618 (1)

1. Corporation Name
THE VEDANTA CENTER OF ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
216 19TH AVE., S.E. ST PETERSBURG FL 33705	216 19TH AVE., S.E. ST PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2808750 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

SCARGILL, IAN D.
236 19TH AVE. SE
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name: Jean Bomonti
82 Street Address (P.O. Box Number is Not Acceptable): 626 - 66th Ave. S.
83:
84 City: St. Petersburg **FL** 85 Zip Code: 33705

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jean B. Bomonti JEAN B. BOMONTI 3/22/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☒ Change ☐ Addition
NAME	SCARGILL, IAN D.	12 NAME		
STREET ADDRESS	236 19TH AVE. SE	13 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURB FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	D	☒ Change ☐ Addition
NAME	SCARGILL, KATHLEEN	22 NAME		
STREET ADDRESS	236 19TH AVE. S.E.	23 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	P/D	☒ Change ☐ Addition
NAME	BOMONTI, JEAN	32 NAME		
STREET ADDRESS	625 66TH AVE S	33 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURB FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	S/D	☒ Change ☐ Addition
NAME	HAWLEY, ELIZABETH	42 NAME		
STREET ADDRESS	215 20TH AVE., S.E.	43 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	V/D	☒ Change ☐ Addition
NAME	SCHOENOACKER, ANN	52 NAME	Robert Hawley	
STREET ADDRESS	106 17TH AVE SE	53 STREET ADDRESS	215 - 20th Ave. S.E.	
CITY-ST-ZIP	ST PETERSBURB FL	54 CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	VD	61 TITLE	T/D	☒ Change ☐ Addition
NAME	CAMPBELL, LOIS	62 NAME		
STREET ADDRESS	934 JUNGLE AVE N	63 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURB FL	64 CITY-ST-ZIP		

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: Elizabeth L. Hawley ELIZABETH L. HAWLEY 3-22-95 813-898-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0085840