2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State
03-03-2004 90016 039 ****61.25

DOCUMENT # 768618

1. Entity 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

01052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2808750 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOMONTI, JEAN
626-66TH AVE. S
ST PETERSBURG, FL 33705

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Note address change below.

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCARGILL, IAN D. 236 19TH AVE. SE ST PETERSBURB, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCARGILL, KATHLEEN 236 19TH AVE. S.E. ST. PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOMONTI, JEAN 625 66TH AVE S ST PETERSBURB, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOMONTI, JEAN 1927 MOUND PL. S. ST. PETERSBURG, FL 33712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAWLEY, ELIZABETH 215 20TH AVE., S.E. ST. PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAWLEY, ROBERT 215-20TH AVE., S.E. ST PETERSBURB, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAMPBELL, LOIS 934 JUNGLE AVE N ST PETERSBURB, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAMPBELL, LOIS 5091 STARFISH DR, SE APT A ST PETERSBURG, FL 33705	☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jean B. Bomonti 2-29-04 (727) 866-8360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #