2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90053 043 ****61.25

DOCUMENT # 768618

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

50014325

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

01302005 No Chg-NP CR2E037 (10/03)

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~~ 1827 MOUND PLACE S.
ST PETERSBURG, FL ~~33705~~ 33712

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCARGILL, IAN D.
STREET ADDRESS	236 19TH AVE. SE
CITY-ST-ZIP	ST PETERSBURB, FL
TITLE	D
NAME	SCARGILL, KATHLEEN
STREET ADDRESS	236 19TH AVE. S.E.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	PD
NAME	BOMONTI, JEAN
STREET ADDRESS	1827 ~~BOUND~~ PL S. MOUND
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	SD
NAME	HAWLEY, ELIZABETH
STREET ADDRESS	215 20TH AVE., S.E.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	VD
NAME	HAWLEY, ROBERT
STREET ADDRESS	215-20TH AVE., S.E.
CITY-ST-ZIP	ST PETERSBURB, FL
TITLE	TD
NAME	CAMPBELL, LOIS
STREET ADDRESS	5081 STARFISH DR. SE APT A
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705

DO NOT WRITE IN THIS SPACE

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 Jean B. Bomonti 2-6-05 727-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 8668360