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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Moftam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770720 (1)

1. Corporation Name

THE GREATER KENNETH CITY MERCHANTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6114 54TH AVE. N
ST. PETERSBURG FL 33709

6114 54TH AVE. N
ST. PETERSBURG FL 33709-1808

3. Date Incorporated or Qualified 10/12/1983
3a. Date of Last Report 04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYON, ANNA R.
6114 54TH AVE. N
ST. PETERSBURG FL 33709

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GONSER, ROBERT
STREET ADDRESS P.O. BOX 14564 NA
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE P
1.2 NAME CRAIG, BARBARA
1.3 STREET ADDRESS 5400-58 ST. N.
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33709

TITLE VP
NAME CRAIG, BARBARA
STREET ADDRESS 5400 58TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE VP
2.2 NAME LINDA SMITH
2.3 STREET ADDRESS 4601-58th ST. N.
2.4 CITY-ST-ZIP KENNETH CITY, FL 33709

TITLE THOM
NAME PSON, PENNY
STREET ADDRESS P.O. BOX 28022 NA
CITY-ST-ZIP KENNETH CITY FL

3.1 TITLE S
3.2 NAME CHUCK WEBBER
3.3 STREET ADDRESS 6669-54TH AVE. N.
3.4 CITY-ST-ZIP KENNETH CITY, FL 33709

TITLE 709
NAME LYON, ANN
STREET ADDRESS 6114 54TH AVENUE NORTH
CITY-ST-ZIP KENNETH CITY FL

4.1 TITLE
4.2 NAME 000002201950
4.3 STREET ADDRESS -06/04/97--01099--036
4.4 CITY-ST-ZIP ***61.25

TITLE D
NAME FRIEDMAN, JOAN
STREET ADDRESS 8050 62ND AVENUE, NORTH
CITY-ST-ZIP KENNETH CITY FL

5.1 TITLE D
5.2 NAME GONSER, ROBERT
5.3 STREET ADDRESS P.O. BOX 14564 NA
5.4 CITY-ST-ZIP ST. Pete, FL

TITLE NELSON, DAN
NAME
STREET ADDRESS 4255-73rd AVE. N.
CITY-ST-ZIP PINELLAS PARK FL 34665

6.1 TITLE D
6.2 NAME BRIAN TONER
6.3 STREET ADDRESS 5797-38TH AVE. N.
6.4 CITY-ST-ZIP ST. PETERSBURG, FL 33709

14. I do 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.

CR2E037 (9/96)