2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004
Secretary of State

DOCUMENT# N00000002124

Entity Name: SOUTH SAINT PETERSBURG COMPUTER EMPOWERMENT PROGRAM, INC.

Current Principal Place of Business:

1221 22ND STREET SOUTH
ST PETERSBURG, FL 33712

New Principal Place of Business:

1221 22ND STREET SOUTH
SUITE B
ST PETERSBURG, FL 33712

Current Mailing Address:

1221 22ND STREET SOUTH
ST PETERSBURG, FL 33712

New Mailing Address:

1221 22ND STREET SOUTH
SUITE B
ST PETERSBURG, FL 33712

FEI Number: 59-3618115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMPS-MCCREE, KAREN
205 POMPANO DRIVE SE, APT D
ST PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FOWLER, JUDY C
Address: 2338 MELROSE AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 337122165

Title: P ( ) Delete
Name: BROWN, LYDIA
Address: 3900 5TH AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33569

Title: D ( ) Delete
Name: HARDWICK, CAROLYN
Address: 3600 29TH AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: IC ( ) Delete
Name: BROWN, LYDIA
Address: 3900 8TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: FD ( ) Delete
Name: SCHAUER, DAVID C ESQ
Address: 321 22ND AVENUE SE
City-St-Zip: ST PETERSBURG, FL 33705

Title: VP ( ) Delete
Name: GIBSON, LUCIOUS III
Address: 2382 SABAZEN DRIVE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY SIMMONS-FOWLER EXEC 02/10/2004

Electronic Signature of Signing Officer or Director — Date