2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000005357

1. Entity Name
WESTMINSTER HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5354 THIRD AVENUE SOUTH ST. PETERSBURG, FL 33707	5354 THIRD AVENUE SOUTH ST. PETERSBURG, FL 33707

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04142004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3715757

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALLOWAY, FRANKLIN R
5354 THIRD AVENUE SOUTH
ST. PETERSBURG, FL 33707

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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 Franklin Galloway 4-15-04
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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MICHA, SPALLER
STREET ADDRESS	5021 EMERSON AVE. SO.
CITY-ST-ZIP	ST. PETERSBURG, FL 33707
TITLE	VD
NAME	SCHREIBER, ROB
STREET ADDRESS	5026 5TH AVE. S.
CITY-ST-ZIP	ST. PETERSBURG, FL 33707
TITLE	STD
NAME	SCHREIBER, NICOLLE
STREET ADDRESS	5026 5TH AVE. S.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707
TITLE	TD
NAME	GALLOWAY, FRANKLIN R
STREET ADDRESS	5354 THIRD AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/04-80034-012 61.25

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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: Franklin Galloway Franklin Galloway 4-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

727 3212283