

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00000006799					
1. Entity Name SOUTHSIDE TRUCKERS CLUB, INC.					
Principal Place of Business 3638 - 16TH AVE. S. ST PETERSBURG FL 33711			Mailing Address 3638 - 16TH AVE. S. ST PETERSBURG FL 33711		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		05 SEP 28 AM 10:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA 9-1-05 90024 017 \$61.25 1st MOORE CR2E037 (10/04) 05	
City & State		City & State		4. FEI Number 65-1072679	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSBY, ALEXANDER 3638 - 16TH AVE. S. ST PETERSBURG FL 33711				7. Name and Address of New Registered Agent Name <u>Alexander Cosby</u> Street Address (P.O. Box Number is Not Acceptable) <u>3638 16th Ave S.</u> City <u>St. Pete</u> FL Zip Code <u>33711</u>	
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 <u>Alexander Cosby</u> DATE <u>7-31-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VP	NAME PETERSON, ARTHUR STREET ADDRESS 3638 - 16TH AVE. S. CITY-ST-ZIP ST PETERSBURG FL 33711	<input checked="" type="checkbox"/> Delete	TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Cecil Bacon STREET ADDRESS 3876 34th Terraces, 11F CITY-ST-ZIP St. Petersburg, FL 33711
TITLE BM	NAME COSBY, CAROLYN STREET ADDRESS 3638 - 16TH AVE. S. CITY-ST-ZIP ST PETERSBURG FL 33711	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE S	NAME FULLER, TAMALYN STREET ADDRESS 2196 63RD AVE. S. CITY-ST-ZIP SAINT PETERSBURG FL 33712	<input checked="" type="checkbox"/> Delete	TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Evelyn F McNorton STREET ADDRESS 4388 18th Avenue South CITY-ST-ZIP St. Petersburg, FL 33711
TITLE TS	NAME PETERSON, WILLIE MAE STREET ADDRESS 3638 - 16TH AVE. S. CITY-ST-ZIP ST PETERSBURG FL 33711	<input checked="" type="checkbox"/> Delete	TITLE Treasury	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Shawn C. Gordon STREET ADDRESS 5755 6th Avenue North, #50 CITY-ST-ZIP St. Petersburg, FL 33711
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
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: <u>Alexander Cosby</u> <u>7-31-05</u> <u>727-321-7040</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					