

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90004 034 ****61.25

40044663



04012006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3754874

Applied For
Not Applicable

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

DOCUMENT # N00000007324

1. Entity Name
**CONFRERIE DE LA CHAINE DES ROTISSEURS
BAILLAGE DE PINELLAS GULF COAST, INC.**



Principal Place of Business
17120 GULF BLVD.
N. REDINGTON BEACH, FL 33708

Mailing Address
17120 GULF BLVD.
N. REDINGTON BEACH, FL 33708

2. Principal Place of Business
11850 DR M L KING ST N
Suite, Apt. #, etc.
#13108
City & State
ST PETERSBURG FL
Zip
33716 Country
PINELLAS

3. Mailing Address
11850 DR M L KING ST N
Suite, Apt. #, etc.
#13108
City & State
ST PETERSBURG FL
Zip
33716 Country
PINELLAS

6. Name and Address of Current Registered Agent
HALL, CARL M
17120 GULF BLVD.
N. REDINGTON BEACH, FL 33708

7. Name and Address of New Registered Agent
Name
JENNIFER COLLINS
Street Address (P.O. Box Number is Not Acceptable)
11850 DR M L KING ST N
#13108
City
ST PETERSBURG FL Zip Code
33716

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 Jennifer Collins
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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, CARL M		NAME	COLLINS, JENNIFER	
STREET ADDRESS	17120 GULF BLVD.		STREET ADDRESS	11850 DR M L KING ST N, #13108	
CITY-ST-ZIP	N. REDINGTON BEACH, FL 33708		CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZMORRIS, NANCY		NAME	CHRISTINI, DOMINIQUE	
STREET ADDRESS	PO BOX 12686		STREET ADDRESS	13551 INDIAN ROCKS RD	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33733		CITY-ST-ZIP	LARGO FL 34644	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, FRANK		NAME		
STREET ADDRESS	460 HARBOR DR. N.		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEDL, KARL		NAME		
STREET ADDRESS	148 MARINA PLAZA		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONNENSCHNEIN, TED		NAME		
STREET ADDRESS	17083 DOLPHIN DR		STREET ADDRESS		
CITY-ST-ZIP	N REDINGTON BEACH, FL 33708		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jennifer Collins JENNIFER COLLINS 3/31/06 727-580-0647
Signature and typed or printed name of signing officer or director Date Daytime Phone #