

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90140 048 \*\*\*\*70.00

**DOCUMENT # NO 1000007247**

1. Entity Name

**THE ST PETERSBURG COMMUNITY ALLIANCE INC.** ✓

Principal Place of Business

4200 54TH AVENUE SOUTH  
 ST PETERSBURG FL 33711

Mailing Address

4200 54TH AVENUE SOUTH  
 ST PETERSBURG FL 33711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3749516

Applied For

Not Applicable

5. Certificate of Status Desired

✓

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED**  
 1000 WEST AVENUE SUITE 1114  
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **James J. Annarelli**

Street Address (P.O. Box Number is Not Acceptable)

**Eckerd College**

**4200 54th Ave. So.**

City **St. Petersburg**

FL

Zip Code

**33772**

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.

SIGNATURE **James J. Annarelli, Ph.D., James J. Annarelli, Ph.D.** **March 27, 2002**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Mary Brown	
STREET ADDRESS	5158 Isla Key Blvd. #414	(D)
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	James J. Annarelli	
STREET ADDRESS	11926 Orange Blossom Dr	(D)
CITY-ST-ZIP	Seminole, FL 33772	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Lena Wilfalk	
STREET ADDRESS	2961 35th Ave So.	(T)
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Margaret Pearce	
STREET ADDRESS	P.O. Box 414	(D)
CITY-ST-ZIP	St. Petersburg, FL 33731	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Henry Johnson	
STREET ADDRESS	24710 Queensboro Ave. So.	(D)
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **James J. Annarelli**  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

**March 27, 2002** **727 864-8421**  
 Date Daytime Phone #

CR2E037 (9/01)


**Business Filings Incorporated**

8025 Excelsior Dr, Suite 200

Madison, WI 53717

Phone (608) 827-5300

Fax (608) 827-5501

*Attachment* 30943   
# N01006007247Invoice #  
138774Date  
3/4/02**Billing Address:**

The St Petersburg Community Alliance Inc.

Norman Smith

600 55th Avenue

St. Pete Beach, Florida 33706

United States

Description	Amount
4/1/2002 to 3/31/2003 Registered Agent Service for The St Petersburg Community Alliance Inc. of Florida	\$125.00

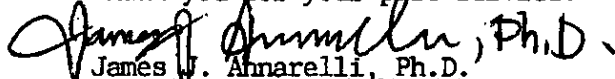
**Amount Due \$125.00**

To whom it may concern:

Please accept this note as notification that henceforth the registered agent  
for the St. Petersburg Community Alliance, Inc. shall be

James J. Annarelli, Ph.D.  
c/o Eckerd College  
4200 54th Ave. S.  
St. Petersburg, FL 33711

Thank you for your past service.

  
James J. Annarelli, Ph.D.

cc: Office of the Secretary of State, State of Florida

**PAYMENT DETAILS for The St Petersburg Community Alliance Inc. of Florida**

# 138774

☐ Check ☐ Credit Card Circle One: VISA MC DISC AMEX☐ Money Order

Name of Cardholder: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expires: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send payment to: Business Filings Inc., attn: RA Dept., 8025 Excelsior Dr., Ste. 200, Madison, WI 53717.

**Thank You For Choosing Business Filings Incorporated**