


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000007247	
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
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DO NOT WRITE IN THIS SPACE



01312004 No Chg-NP CR2E037 (10/03)

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 WILFALK, LENA L ECKERD COLLEGE 4200 54TH AVE SO SAINT PETERSBURG, FL 33772

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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 _____ (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**

000000132856
04/27/04-80064-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PELSTER, KATHRYN
STREET ADDRESS	110 - 59TH AVE S.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705
TITLE	VD
NAME	ANNARLLI, JAMES J
STREET ADDRESS	11926 ORANGE BLOSSOM DR
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	T
NAME	WILFALK, LENA
STREET ADDRESS	2961 35TH AVE SO
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	SD
NAME	PEARCE, MARGARET
STREET ADDRESS	P.O. BOX 414
CITY-ST-ZIP	SAINT PETERSBURG, FL 33731
TITLE	D
NAME	JOHNSON, HENRY
STREET ADDRESS	2471 QUEENSBORO AVE SO
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lena L. Wilfalk*

4-2-04