

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90276 012 ****61.25

14001739



04222005 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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2005

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PELSTER, KATHRYN	
STREET ADDRESS	110 - 59TH AVE S.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANNARLLI, JAMES J	
STREET ADDRESS	11926 ORANGE BLOSSOM DR	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILFALK, LENA	
STREET ADDRESS	2961 35TH AVE SO	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEARCE, MARGARET	
STREET ADDRESS	P.O. BOX 414	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33731	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, HENRY	
STREET ADDRESS	2471 QUEENSBORO AVE SO	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry Johnson	
STREET ADDRESS	2471 QUEENSBORO AVENUE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712	
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: Lena L. Wilfalk Lena L. Wilfalk 4-22-05 727/864-8841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #