

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90382 048 ****61.25

0085386

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**ANNARELLI, JAMES J
ECKERD COLLEGE
4200 54TH AVE SO
SAINT PETERSBURG FL 33711**

7. Name and Address of New Registered Agent

Name **Lena L. Wilfalk**

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

**Eckerd College
4200-54 AVE. South**

City **St. Petersburg** FL Zip Code **33711**

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

Lena L. Wilfalk

4-7-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MARY	
STREET ADDRESS	5153 ISLA KEY BLVD # 414	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANNARELLI, 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 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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathryn Pelster	
STREET ADDRESS	110-59 AVE. South	
CITY-ST-ZIP	St. Petersburg, FL 33705	
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:

Lena L. Wilfalk

4-7-03

CR2E037 (10/02)