

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90994 004 ****61.25

DOCUMENT # N01000007612

1. Entity Name

ST. PETE CAMPUS LIFE, INC.



Principal Place of Business

827 14 AVENUE NORTH
ST PETERSBURG FL 33701

Mailing Address

PO BOX 22191
ST PETERSBURG FL 33742-2191

04001441



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

8246 30TH AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St Petersburg

4. FEI Number

04-3592417

Applied For

Not Applicable

Zip

Country

Zip

Country

33710

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, SHIRLEY
8246 30 AVENUE N
ST PETERSBURG FL 33710

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

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
Due By May 1, 2004

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 D ☐ Delete
NAME STEIN, SHIRLEY
STREET ADDRESS 8246 30 AVE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NUMI, RONALD
STREET ADDRESS 64 GREGORY AVE
CITY-ST-ZIP W ORANGE NJ 07052

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DELL, JAMES A
STREET ADDRESS 827 14 AVE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME STEIN, SHIRLEY SEC
STREET ADDRESS 8246 30TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NUMI, RONALD D
STREET ADDRESS 64 GREGORY AVENUE
CITY-ST-ZIP W. ORANGE NJ 07052

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PT ☐ Delete
NAME DELL, JAMES A P T
STREET ADDRESS 827 14TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ Change ☐ 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:

Shirley Stein ps
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

Date

Daytime Phone #