

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007612

FILED
Jan 05, 2005
Secretary of State

Entity Name: ST. PETE CAMPUS LIFE, INC.

Current Principal Place of Business:

827 14 AVENUE NORTH
ST PETERSBURG, FL 33701

New Principal Place of Business:

3128 48TH AVE S
ST PETERSBURG, FL 33712

Current Mailing Address:

8246 30TH AVE. N
SAINT PETERSBURG, FL 33710

New Mailing Address:

PO BOX 22188
SAINT PETERSBURG, FL 33742

FEI Number: 04-3592417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEIN, SHIRLEY
8246 30 AVENUE N
ST PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

DELL, JAMES A MR
PO BOX 22188
ST PETERSBURG, FL 33712 US

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 A DELL

01/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: STEIN, SHIRLEY
Address: 8246 30 AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

Title: D () Delete
Name: NUMI, RONALD
Address: 64 GREGORY AVE
City-St-Zip: W ORANGE, NJ 07052

Title: D () Delete
Name: DELL, JAMES A
Address: 827 14 AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33701

Title: S (X) Delete
Name: STEIN, SHIRLEY SEC
Address: 8246 30TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: D (X) Delete
Name: NUMI, RONALD D
Address: 64 GREGORY AVENUE
City-St-Zip: W. ORANGE, NJ 07052 US

Title: PT (X) Delete
Name: DELL, JAMES A P T
Address: 827 14TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DELL, JAMES A
Address: PO BOX 22188
City-St-Zip: ST PETERSBURG, FL 33742

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A DELL

D

01/05/2005

Electronic Signature of Signing Officer or Director

Date