2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# N02000004326

Entity Name: UPPER PINELLAS AFRICAN VIOLET SOCIETY, INC.

Current Principal Place of Business:

1855 MCCAULEY ROAD
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

1855 MCCAULEY ROAD
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 03-0456377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWELL, MOLLIE
1855 MCCAULEY ROAD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SHELTON, GLENN	
Address:	7142 62ND AVE NORTH	
City-St-Zip:	PINELLAS PARK, FL 33781	
Title:	VD	(X) Delete
Name:	RIVRUD, VICKI	
Address:	420 TAMPA ROAD	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	SD	( ) Delete
Name:	REUTER, ELEANOR	
Address:	1950 SANDRA DRIVE	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	TD	( ) Delete
Name:	HAFF, DIANA	
Address:	1455 COREY WAY S	
City-St-Zip:	SOUTH PASADENA, FL 33707	
Title:	D	( ) Delete
Name:	MARAN, MARY HELEN	
Address:	2655 WINDING WOOD DR	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	D	( ) Delete
Name:	BOSES, CHARLENE	
Address:	8399 134TH ST. N	
City-St-Zip:	SEMINOLE, FL 33776	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Chapter 119, 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: DIANA HAFF TD 01/15/2007
Electronic Signature of Signing Officer or Director — Date