

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004326

FILED
Jan 17, 2009
Secretary of State

Entity Name: UPPER PINELLAS AFRICAN VIOLET SOCIETY, INC.

Current Principal Place of Business:

DIANA HAFF
1455 COREY WAY SOUTH
SOUTH PASADENA, FL 33707

New Principal Place of Business:

Current Mailing Address:

DIANA HAFF
1455 COREY WAY SOUTH
SOUTH PASADENA, FL 33707

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: 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:

I hereby certify that the information supplied with this filing does not qualify 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 S. HAFF

TD

01/17/2009

Electronic Signature of Signing Officer or Director

Date