## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N02932

(4)

THE ALUMNI SINGERS ASSOCIATION OF ST. PETERSBURG , FLORIDA, INC.

										4
Principal Place of Business Mailing Address								/83 8 1844 B1811 9	71011 <b>0</b> 1011 0	TITUL BEBIT TÜÜL
* CAROLYN E. HOBBS										
	STREET SOUTH	426 KINGSTON STREET SOUTH								
ST. PETERSBUR	RG FL 33711	ST. PETERSBURG FL 3371	1-1638			-	3. Date Incorporated or Qualified	3a. Date	of Last	Report
							05/07/1984	3a. Date	5/01/19	996
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number Applied For			
21		26				59-2826680 Not Applicable				
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	
22	<b>***</b>	27				5. Certificate of Status Desired		Fee F	Required	
City & Stat	θ	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Ζίρ	Country	Zip	<b>⊢</b>				8. This corporation has liability for intangible tax under s. 199.032,			
24]	9. Name and Address of Curre	29	stored Agent				Florida Statutes  10. Name and Address of New Re	Yes No		
	s, manio and Address of Curre	in negleteled Agent		81	Name		10. Name and Address of New Me	Jistered Ag	jent	
UABBS	CAROLYN E.			<u> </u>	Harrie					
	SSTON STREET SOUTH			82	Stree	eet Address (P.O. Box Number is Not Acceptable)				
	ERSBURG FL 33711		83							
51. FER	ENODUNG FE 33/11			••	1					
				84	City			FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617 1508. Florida Statut	les the el	hove	e-name	ed cornors	ation submits this statement for the n		banging	its registered
office or r	egistered agent, or both, in the Stat	e of Florida, Such change was	authorize	d by	the co	orporation	ation submits this statement for the p is board of directors. I hereby accep	of the appoin	ntment a	s registered
	in ranimal with and accept the oblig	gations of Section 617.0003, FI	unua siai	lutes	š.					
SIGNATURE .	Signature, typed or printed name of registered as	gent and title if applicable. (NOT	f.: Registere	d Age	ont signatu	ure required v	when reinstating)	DATE		
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND C	IREC10	RS IN 12
TITLE	PD	☐ DELETE	1.1 TI	TLE					Change	Addition
NAME	ANDERS, ROBERT L		1.2 NAME							
STREET ADDRESS	1041 ALMERIA WY S.		1.3 STF		STREET ADDRESS					
CITY-ST-ZIP			1.4 CI	1.4 CITY-ST-ZIP						
TITLE	STD	DELETE	2.1 Tr	TLE					Change	Addition
NAME	HOBBS, CAROLYN E.			2.2 NAME						
STREET ADDRESS	426 KINGSTON ST. SO.		2.3 STR		STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL		2. # C	ITY-S	ST-ZIP					
TITLE	D			3.1 TITLE					Change	☐ Addition
NAME			3.2 NA	3.2 NAME						
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS		3				
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-		ST - ZIP					
TITLE		DELETE 4.1		4.1 TITLE				L	Change	Addition
NAME			4.⊉ N.	AME						
STREET ADDRESS			4.3 STREET ADDR		ADDRESS	s				
CITY-ST-ZIP			4.4 CHTY - S		T - ZIP					
TITLE		☐ DELETE	5.1 TI	TLE				L	Change	Addition
NAME			5.2 NAME							
STREET ADDRESS	5.		5.3 ST	5.3 STREET ADDRESS		s				
CITY-ST-ZIP			5.4 CITY-		T-ZIP					
TITLE	DELETE		6.1 11	5.1 TITLE					Change	Addition
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET	ADDRESS	;				
CITY-ST-ZIP			6.4 CI	TY-\$1	T- ZIP					

14. I do 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 annual report or supplemental annual 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 trustegrempowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if shanged or on an attactment with an arrights.

SIGNATURE:

**FILED** 

May 09 1997 8:00am

Secretary of State