

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 30 1998 8:00am<sup>3</sup>  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02932** (4)  
1. Corporation Name  
**THE ALUMNI SINGERS ASSOCIATION OF ST. PETERSBURG  
, FLORIDA, INC.**



Principal Place of Business <b>% CAROLYN E. HOBBS 426 KINGSTON STREET SOUTH ST. PETERSBURG FL 33711</b>	Mailing Address <b>% CAROLYN E. HOBBS 426 KINGSTON STREET SOUTH ST. PETERSBURG FL 33711</b>
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3. Date Incorporated or Qualified <b>05/07/1984</b>	
4. FEI Number <b>59-2826680</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>HOBBS, CAROLYN E. 426 KINGSTON STREET SOUTH ST. PETERSBURG FL 33711</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>85</b> Zip Code
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11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ANDERS, ROBERT L.</b>		1.2 NAME	
STREET ADDRESS <b>1041 ALMERIA WY S.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>HOBBS, CAROLYN E.</b>		2.2 NAME	
STREET ADDRESS <b>426 KINGSTON ST. SO.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>PIERCE, WILLIAM A.</b>		3.2 NAME <b>Lampley, Malcolm L.</b>	
STREET ADDRESS <b>957 27TH AVE SOUTH</b>		3.3 STREET ADDRESS <b>2123 63rd AVE SOUTH</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		3.4 CITY-ST-ZIP <b>ST PETERSBURG FL 33712</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn E. Hobbs Carolyn E. Hobbs 9/17/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)