

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000009213

1. Entity Name
HEROES OF THE ST. PETE POLICE, INC.



Principal Place of Business

**C/O GREGORY SHARER & STUART P.A.
100 2ND AVE SOUTH STE 600
ST PETERSBURG, FL 33701**

Mailing Address

**C/O GREGORY SHARER & STUART P.A.
100 2ND AVE SOUTH STE 600
ST PETERSBURG, FL 33701**



02152007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0342484

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NEWMAN, JAMES G
100 2ND AVENUE SOUTH
SUITE 600
ST. PETERSBURG, FL 33701**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when certifying)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DS
KRISEMAN, RICHARD
100 2ND AVE SOUTH STE 600
ST PETERSBURG, FL 33701**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DVT
NEWMAN, JAMES G
100 2ND AVE SOUTH STE 600
ST PETERSBURG, FL 33701**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DP
WOODWORTH, JUDITH
100 2ND AVE SOUTH STE 600
ST PETERSBURG, FL 33701**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000643970
03/02/07-80023-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07

Date

Daytime Phone #