

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N03504** (0)  
1. Corporation Name  
**ST. PETERSBURG LEISURE SERVICES FOUNDATION, INC.**



Principal Place of Business  
**C/O D. LEE METZGER  
1450 16TH STREET, NORTH  
ST. PETERSBURG FL 33704**

Mailing Address  
**C/O D. LEE METZGER  
1450 16TH STREET, NORTH  
ST. PETERSBURG FL 33704**

3. Date Incorporated or Qualified  
**06/07/1984**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business  
21 **1400-19th ST. N**  
Suite, Apt. #, etc.  
22  
City & State  
23 **ST. PETERSBURG FL**  
Zip  
24 **33713** Country  
25 **PINELLAS**

2a. Mailing Address  
26 **1400-19th ST. N.**  
Suite, Apt. #, etc.  
27  
City & State  
28 **ST. PETERSBURG, FL**  
Zip  
29 **33713** Country  
30 **PINELLAS**

4. FEI Number  
**59-2588836**

Applied For  
Not Applicable

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BRANNON, DONALD  
1450 16TH STREET, NORTH  
ST PETERSBURG FL**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1400 19th ST. N.**  
83  
84 City **ST. PETERSBURG** FL 85 Zip Code **33713**

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

Signature, typed or printed name of registered agent and filer of application

(If GLE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	STEWART, ROBERT B.	1140 FRIENDLY WAY SO.	ST PETERSBURG FL	
PD	ROBERTS, ROBERT B.	1450 16 ST NORTH	ST PETERSBURG FL	
VD	FISCHER, DAVID J.	100 2ND AVE SO #902	ST PETERSBURG FL	
D	RUSSICK, RONDA	601 12 ST NORTH	ST PETERSBURG FL	
D	JENKINS, ERNEST P.	695 CENTRAL AVE.	ST PETERSBURG FL	
T	BRANNON, DON	1450 16 ST NORTH	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)