

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000511

FILED
Apr 29, 2007
Secretary of State

Entity Name: SUPPORTERS OF THE PINELLAS COUNTY CENTER FOR THE ARTS AT GIBBS HIGH SCHOOL, INC.

Current Principal Place of Business:

850 34TH STREET SOUTH
SAINT PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

850 34TH STREET SOUTH
SAINT PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 20-0682996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: EVERETT, LISA
Address: 600 - 21ST AV NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: VD () Delete
Name: WHITTENBERG, DIERDRE
Address: 5752 CALAIS LN
City-St-Zip: ST. PETERSBURG, FL 33714

Title: SD () Delete
Name: ROGOWSKI, LINDA
Address: 134 - 58TH AVE S
City-St-Zip: ST. PETERSBURG, FL 33705

Title: TD () Delete
Name: PHILLIPS, SUE
Address: 6701 - 14TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33710

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:

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: LISA M EVERETT

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date