

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007079

FILED
Apr 28, 2006
Secretary of State

Entity Name: ST. PETERSBURG DEMOCRATS, INC.

Current Principal Place of Business:

2775 KIPPS COLONY DR
UNIT 105
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

2775 KIPPS COLONY DR
UNIT 105
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 84-1652522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINKE, KEN
2775 KIPPS COLONY DR
UNIT 105
GULFPORT, FL 33707 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: STEINKE, KEN
Address: 2775 KIPPS COLONY DR UNIT 105
City-St-Zip: GULFPORT, FL 33707

Title: VD () Delete
Name: MCCALL, EDNA
Address: 526 62ND AVE NE
City-St-Zip: ST PETERSBURG, FL 33702

Title: TD () Delete
Name: KILLINGSWORTH, JACK
Address: 10380 131ST ST
City-St-Zip: LARGO, FL 33774

Title: SD () Delete
Name: SAVOY, FLORENCE
Address: 970 85TH AVE N #211
City-St-Zip: ST PETERSBURG, FL 33702

Title: D () Delete
Name: HENDERSON, DARRELL
Address: 526 62ND AVE NE
City-St-Zip: ST PETERSBURG, FL 33702

Title: D (X) Delete
Name: BOLIN, LUCILLE
Address: 3390 GANDY BLVD #42
City-St-Zip: ST PETERSBURG, FL 33702

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:

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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 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: JACK KILLINGSWORTH

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04/28/2006

Electronic Signature of Signing Officer or Director

Date