

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90001 037 ****61.25

DOCUMENT # N04000007079 1. Entity Name ST. PETERSBURG DEMOCRATS, INC.			
Principal Place of Business 2775 KIPPS COLONY DR UNIT 105 GULFPORT, FL 33707		Mailing Address 2775 KIPPS COLONY DR UNIT 105 GULFPORT, FL 33707	
2. Principal Place of Business - No P.O. Box # 485 58th AVE. NE		3. Mailing Address P.O. BOX 10106	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State ST. PETERSBURG		City & State ST. PETERSBURG, FL	
Zip 33703		Zip 33733	
Country FLORIDA		Country FLORIDA	
4. FEI Number 84-1652522		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEINKE, KEN 2775 KIPPS COLONY DR UNIT 105 GULFPORT, FL 33707		7. Name and Address of New Registered Agent Name GLENN MOON Street Address (P.O. Box Number is Not Acceptable) 485 58th AVE. N.E. City ST. PETERSBURG FL Zip Code 33703	
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 GLENN MOON, VICE-PRESIDENT/DIRECTOR DATE 8-10-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINKE, KEN 2775 KIPPS COLONY DR UNIT 105 GULFPORT, FL 33707 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR JIM DONELON 4617 23rd AVE N. ST. PETERSBURG, FL 33713 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCALL, EDNA 526 62ND AVE NE ST PETERSBURG, FL 33702 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT / DIRECTOR GLENN MOON 485 58th AVE. N.E. ST. PETERSBURG, FL 33703 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KILLINGSWORTH, JACK 10380 131ST ST LARGO, FL 33774 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / DIRECTOR JAMES O'GARA 11554 IMPERIAL GROVE DR EAST LARGO, FL 33741 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAVOY, FLORENCE 970 85TH AVE N #211 ST PETERSBURG, FL 33702 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / DIRECTOR KAREN HODGEN 5961 SEABIRD DR. S GULFPORT, FL 33707 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, DARRELL 526 62ND AVE NE ST PETERSBURG, FL 33702 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EDNA MCCALL 526 62nd AVE. N.E. ST. PETERSBURG, FL 33702 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN OLSON 7882 SAILBOAT NEY BLVD #603 SO. PASADENA, FL 33707 ☒ Change ☐ Addition
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 of this changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE James Donelon - JAMES DONELON		Date 8/10/08 Daytime Phone # 727 473-5534	