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.

40114126

07142008 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
2775 KIPPS COLONY DR UNIT 105 GULFPORT, FL 33707	2775 KIPPS COLONY DR UNIT 105 GULFPORT, FL 33707

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
485 58th AVE. N.E	P.O. BOX 10106
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG	City & State: ST. PETERSBURG, FL
Zip: 33703 Country: PINELLAS	Zip: 33733 Country: PINELLAS

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	7. Name and Address of New Registered Agent
STEINKE, KEN 2775 KIPPS COLONY DR UNIT 105 GULFPORT, FL 33707	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 C. Moon
GLENN MOON, VICE-PRESIDENT/DIRECTOR 8-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PD ☒ Delete	TITLE	PRESIDENT/DIRECTOR ☒ Change ☐ Addition
NAME	STEINKE, KEN	NAME	JIM DONELON
STREET ADDRESS	2775 KIPPS COLONY DR UNIT 105	STREET ADDRESS	4617 28th AVE N.
CITY-ST-ZIP	GULFPORT, FL 33707	CITY-ST-ZIP	ST. PETERSBURG, FL. 33713
TITLE	VD ☒ Delete	TITLE	VICE-PRESIDENT/DIRECTOR ☒ Change ☐ Addition
NAME	MCCALL, EDNA	NAME	GLENN MOON
STREET ADDRESS	526 62ND AVE NE	STREET ADDRESS	485 58th AVE. N.E.
CITY-ST-ZIP	ST PETERSBURG, FL 33702	CITY-ST-ZIP	ST. PETERSBURG, FL. 33703
TITLE	TD ☒ Delete	TITLE	TREASURER/DIRECTOR ☒ Change ☐ Addition
NAME	KILLINGSWORTH, JACK	NAME	JAMES O'GARA
STREET ADDRESS	10380 131ST ST	STREET ADDRESS	11654 IMPERIAL GROVE DR. EAST
CITY-ST-ZIP	LARGO, FL 33774	CITY-ST-ZIP	LARGO, FL. 33741
TITLE	SD ☒ Delete	TITLE	SECRETARY/DIRECTOR ☒ Change ☐ Addition
NAME	SAVOY, FLORENCE	NAME	KAREN HODGEN
STREET ADDRESS	970 85TH AVE N #211	STREET ADDRESS	5961 SEABIRD DR. S
CITY-ST-ZIP	ST PETERSBURG, FL 33702	CITY-ST-ZIP	GULFPORT, FL. 33707
TITLE	D ☒ Delete	TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	HENDERSON, DARRELL	NAME	EDNA MCCALL
STREET ADDRESS	526 62ND AVE NE	STREET ADDRESS	526 62nd AVE. N.E.
CITY-ST-ZIP	ST PETERSBURG, FL 33702	CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	☐ Delete	TITLE	JOHN OLSON ☒ Change ☐ Addition
NAME		NAME	DIRECTOR
STREET ADDRESS		STREET ADDRESS	7882 SAILBOAT KEY BLVD. #603
CITY-ST-ZIP		CITY-ST-ZIP	SO. PASADENA, FL. 33707

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: James Donelon - JAMES DONELON 8/10/08 727-433-5534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #