

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007079

FILED
Apr 13, 2009
Secretary of State

Entity Name: ST. PETERSBURG DEMOCRATS, INC.

Current Principal Place of Business:

485 58TH AVE N.E.
SAINT PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10106
SAINT PETERSBURG, FL 33733

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:

MOON, GLENN
485 58TH AVE N.E.
SAINT PETERSBURG, FL 33703 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: DONELON, JIM
Address: 4617 23RD AVE. N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: VD () Delete
Name: MOON, GLENN
Address: 485 58TH AVE. N.E.
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: TD () Delete
Name: O'GARA, JAMES
Address: 11554 IMPERIAL GROVE DR. EAST
City-St-Zip: LARGO, FL 33741

Title: SD () Delete
Name: HODGEN, KAREN
Address: 5961 SEABIRD DR. S
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: MCCALL, EDNA
Address: 526 62ND AVE N.E.
City-St-Zip: ST PETERSBURG, FL 33702

Title: D () Delete
Name: OLSON, JOHN
Address: 7882 SAILBOAT KEY BLVD. #603
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KILLINGSWORTH, JACK
Address: 4617 23RD AVE. N
City-St-Zip: LARGO, FL 33770

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: O'GARA, JAMES
Address: 11554 IMPERIAL GROVE DR E
City-St-Zip: LARGO, FL 33774

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: JAMES O'GARA

TD

04/13/2009

Electronic Signature of Signing Officer or Director

Date