

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90048 041 ****70.00

DOCUMENT # N04000008239

1. Entity Name
**THE LARGO VOLUNTEER CORPS ADVISORY BOARD,
INC.**



Principal Place of Business
**LARGO COMMUNITY CENTER 65- 4 ST NW
LARGO, FL 33770**

Mailing Address
**LARGO COMMUNITY CENTER 65- 4 ST NW
LARGO, FL 33770**

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number **65-1238591** Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ANKERBERG, C. WARREN JR
LARGO COMMUNITY CENTER 65- 4 ST NW
LARGO, FL 33770**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

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 May 1, 2005

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

TITLE ☐ Delete
NAME **ANKERBERG, C WARREN JR**
STREET ADDRESS **5190 44 ST S**
CITY-ST-ZIP **ST PETERSBURG, FL 33711**

TITLE ☐ Delete
NAME **DV SHIDEMAN, JANET**
STREET ADDRESS **101 LAKE AVE NE #123**
CITY-ST-ZIP **LARGO, FL 33771**

TITLE ☒ Delete
NAME **DT CORNING, EILEEN**
STREET ADDRESS **9692 123 WAY N**
CITY-ST-ZIP **SEMINOLE, FL 33770**

TITLE ☐ Delete
NAME **DS JENSEN, ELLEN**
STREET ADDRESS **21 PINDO PALM W**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE ☐ Delete
NAME **D HAYWARD, BETTY 2 YEAR**
STREET ADDRESS **5234 DR MARTIN LUTHER KING ST S**
CITY-ST-ZIP **ST PETERSBURG, FL 33705**

TITLE ☐ Delete
NAME **D HOFSTADTER, PAT**
STREET ADDRESS **3885 108 AVE N**
CITY-ST-ZIP **CLEARWATER, FL 33762**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DT Thomas Fladd**
STREET ADDRESS **5001-3rd Ave N**
CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/05 727-518-333