2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000008239

Country

LARGO COMMUNITY CENTER 65- 4 ST NW

6. Name and Address of Current Registered Agent

THE LARGO VOLUNTEER CORPS ADVISORY BOARD, INC.



Country

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

2. Principal Place of Business - No P.O. Box #

ANKERBERG, C. WARREN JR

LARGO, FL 33770

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

3. Mailing Address

City & State

Zip

LARGO COMMUNITY CENTER 65- 4 ST NW

LARGO, FL 33770

Suite, Apt. #, etc.

FILED Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90339 001 ****61.25 04-30-2008 90339 002 *****8.75

4 ST NV	V	2.4% 2.00 pt 42.4%								
<u>, . </u>		04282008 Chg-NP CR2E037 (12/06)								
		4. FEI Number 65-123859	1		Applied For Not Applicable					
try		5. Certificate of Sta	atus Desired		8.75 Additional ee Required					
		7. Name and Add	ress of New Re	gistered A	gent					
Name				-						
Street A	ddress (i	P.O. Box Number is N	Not Acceptable)						
	•				.,					
City				FL	Zip Code					
d office o	r register	ed agent, or both, in	the State of Flo	rida. I am f	amiliar with, and accept					
Agent signat	ture required	when reinstating)		DATE						
nancing n.		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State							

; ·								
;			City			Fl		
the obligati	named entity submits this statement for the purpons of registered agent. Signature, typed or printed fame of registered agent and title if ag		istered office or			the State of Florida. I am	familiar with,	and accept
n o	ign Financing	\$5.00 May Be Added to Fees Florida Department of State						
10.	OFFICERS AND DIRECTORS	<u> </u>	11.	ΑC	DITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANKERBERG, C WARREN JR 5190 44 ST S ST PETERSBURG, FL 33711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HELLWIG HEHWIG, VERONIKA 11140 KAPOK GRAND CIRCLE MADÉIRA BEACH, FL 33708	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, MATHEW 1004 SOUTH EVERGREEN AVE CLEARWATER, FL 33756	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAR	LCTOR EY HARRI A'3 INP SSA, FL 3	MGTON IAN QUEEN 3556	Change Oz.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JENSEN, ELLEN 21 PINDO PALM W LARGO, FL 33770	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OSBORNE, MARIYLN S 13497 99TH AVE N SEMINOLE, FL 33776	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change)	☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D HOFSTADTER, PAT 3885 108 AVE N CLEARWATER, FL 33762	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	218° Clea	16 DOLAN 1 GNTBRP Water, F	rige bast	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 Bl changed, or on an attachment,

SIGNATURE: Charles WARREN HNKEVBERG SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Measurer

727-518-3133

Daytime Phone #