2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000008436

1. Entity Name
STGC DISASTER RELIEF, INC.

Principal Place of Business	Mailing Address
3401 W CYPRESS ST TAMPA, FL 33607	3401 W CYPRESS ST TAMPA, FL 33607

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01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-1562657
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOHN A ESQ.
101 E KENNEDY BLVD STE 2700
TAMPA, FL 33602

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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 _____ DATE
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 May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

H00000423301
02/18/06-80003-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HICKMAN, HAROLD
STREET ADDRESS	3401 W CYPRESS ST
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	HICKMAN, JIMMY
STREET ADDRESS	3401 W CYPRESS ST
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	BLASS, KURT
STREET ADDRESS	3401 W CYPRESS ST
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	STROHM, GREG
STREET ADDRESS	3401 W CYPRESS ST
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	CATE, ELIZABETH
STREET ADDRESS	3401 W CYPRESS ST
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Harold Hickman 1/19/06 813-8760619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #