

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000008436

1. Entity Name

STGC DISASTER RELIEF, INC.



Principal Place of Business

3401 W CYPRESS ST
TAMPA, FL 33607

Mailing Address

3401 W CYPRESS ST
TAMPA, FL 33607



04092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

HICKMAN, HAROLD E
3401 W CYPRESS ST 101
TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HICKMAN, HAROLD
3401 W CYPRESS ST
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HICKMAN, JIMMY
3401 W CYPRESS ST
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLASS, KURT
3401 W CYPRESS ST
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STROHM, GREG
3401 W CYPRESS ST
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CATE, ELIZABETH
3401 W CYPRESS ST
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000937968
05/27/08-80071-025 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harold Hickman

4/9/08

813-8760619