

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90065 022 ****61.25

DOCUMENT # N04000010299						
1. Entity Name ST. PETERSBURG BRIDGE CLUB, INC.						
Principal Place of Business 9005 US HWY 19 NORTH PINELLAS PARK, FL 33782 US			Mailing Address 9005 US HWY 19 NORTH PINELLAS PARK, FL 33782 US			
2. Principal Place of Business - No P.O. Box # 8800 49 th ST. STE 110 <small>Suite, Apt. #, etc</small> PINELLAS PARK FL		3. Mailing Address 8800 49 th ST. STE 110 <small>Suite, Apt. #, etc</small> PINELLAS PARK FL				
City & State PINELLAS PARK FL		City & State PINELLAS PARK FL		03142007 Chg-NP CR2E037 (12/06)		
Zip 33782		Country USA		4. FFI Number 20-1845250		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent NEWELL, KATHLEEN 7349 ULMERTON RD 1056 LARGO, FL 33771			7. Name and Address of New Registered Agent Name: SANDRA PETERSON Street Address (P.O. Box Number is Not Acceptable): 14519 EAGLE POINTE DRIVE City: CLEARWATER FL Zip Code: 33762			
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: <u>Sandra Peterson</u> DATE: <u>3/21/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when re-stating)</small>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P	NAME GILL, CHARLES		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7665 SUN ISLAND DR #102	CITY- ST- ZIP SOUTH PASADENA, FL 33707			NAME SANDRA PETERSON	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T	NAME MCCULLY, PATRICIA		<input checked="" type="checkbox"/> Delete	STREET ADDRESS 14519 EAGLE POINTE DRIVE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 2001 FOLLOW THRU RD NORTH	CITY- ST- ZIP ST PETERSBURG, FL 33710			STREET ADDRESS 12501 ULMERTON #179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S	NAME NEWELL, KATHLEEN		<input checked="" type="checkbox"/> Delete	CITY- ST- ZIP LARGO FL 33774	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7349 ULMERTON RD #1056	CITY- ST- ZIP LARGO, FL 33771			NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 		<input type="checkbox"/> Delete	STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY- ST- ZIP 			CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 		<input type="checkbox"/> Delete	STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY- ST- ZIP 			CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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 Block 11 if changed, or on an attachment with an address, with all other like empowered						
SIGNATURE: <u>Sandra Peterson</u> <u>SANDRA PETERSON</u> <u>3/21/07</u> <u>727 540 9051</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						