

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009929

FILED
Apr 24, 2006
Secretary of State

Entity Name: ASTROLOGY ASSOCIATION OF ST. PETERSBURG, INC.

Current Principal Place of Business:

6019 16TH AVE N
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

6019 16TH AVE N
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-2878953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LYONS, SARAH E
6019 16TH AVE N
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LYONS, SARAH E
Address: 6019 16TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VP () Delete
Name: OLWEN, KENDRA
Address: 5227 27TH AVE S
City-St-Zip: GULFPORT, FL 33707

Title: BD () Delete
Name: SKEMPRIS, LINDA
Address: 8043 CAUSEWAY BLVD S
City-St-Zip: ST. PETERSBURG, FL 33703

Title: TREA () Delete
Name: JOHNSON, DOROTHY P
Address: 2936 SAINT CROIX DR
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MONTES, MARTIN
Address: 4885 W MCELROY AVE
City-St-Zip: TAMPA, FL 33611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY P JOHNSON

TREA

04/24/2006

Electronic Signature of Signing Officer or Director

Date