

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90063 034 ****61.25

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # N05000009929 | | | | | |
| 1. Entity Name ASTROLOGY ASSOCIATION OF ST. PETERSBURG, INC. | | | | | |
| Principal Place of Business 6019 16TH AVE N ST. PETERSBURG, FL 33710 | | | Mailing Address 6019 16TH AVE N ST. PETERSBURG, FL 33710 | | |
| 2. Principal Place of Business - No P.O. Box # 13353 HACIENDA DR | | 3. Mailing Address 13353 HACIENDA DR | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02112008 Chg-NP CR2E037 (12/06) | |
| City & State LARGO, FLA. | | City & State LARGO, FLA. | | 4. FEI Number 59-2878953 | |
| Zip 33774 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LYONS, SARAH E 6019 16TH AVE N ST. PETERSBURG, FL 33710 | | | 7. Name and Address of New Registered Agent Name: <u>ROBENETTE COULSON</u> Street Address (P.O. Box Number is Not Acceptable): <u>13353 HACIENDA DR.</u> City: <u>LARGO</u> <u>FL</u> <u>33774</u> | | |
| 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>ROBENETTE COULSON</u> <u>4/3/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registration.)</small> DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP | P LYONS, SARAH E 6019 16TH AVE N ST. PETERSBURG, FL 33710 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROME SINK 7115 3RD ST. N. ST. PETERSBURG, FL. 33702 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CINQUINA, MARIO 701 59TH STREET S GULFPORT, FL 33707 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MARTIN MONTES 4885 W. McELROY AVE. TAMPA, FL. 33611 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BD SKEMPRIS, LINDA 8043 CAUSEWAY BLVD S ST. PETERSBURG, FL 33703 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BD JOHNSON, DOROTHY P 2936 SAINT CROIX DR CLEARWATER, FL 33759 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER ROBENETTE COULSON 13353 HACIENDA DRIVE LARGO, FLORIDA 33774 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <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>ROBENETTE COULSON</u> | | | Date: <u>4/3/08</u> Daytime Phone #: <u>727 593-8662</u> | | |