

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009929

FILED  
Feb 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

13353 HACIENDA DRIVE  
LARGO, FL 33774

**New Principal Place of Business:**

**Current Mailing Address:**

13353 HACIENDA DRIVE  
LARGO, FL 33774

**New Mailing Address:**

FEI Number: 59-2878953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COULSON, ROBENETTE  
13353 HACIENDA DR  
LARGO, FL 33774 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: ROMI, SINK  
Address: 7115 3RD ST. N.  
City-St-Zip: SAINT PETERSBURG, FL 33702

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

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

Title: T ( ) Delete  
Name: COULSON, REBENETTE  
Address: 13353 HACIENDA DRIVE  
City-St-Zip: LARGO, FL 33774

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: ROBENETTE COULSON

TREA

02/23/2009

Electronic Signature of Signing Officer or Director

Date