2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009929

FILED May 24, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

8345 138TH ST NORTH 2111 VISTA DEL SOL CIRCLE

SEMINOLE, FL 33776 LUTZ, FL 33558

Current Mailing Address: New Mailing Address:

8345 138TH ST NORTH ASTROLOGY ASSOCIATION OF ST PETERSBURG

SEMINOLE, FL 33776 PO BOX 41201 ST PETERSBURG, FL 33743

FEI Number: 59-2878953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SHOVAN-MORRIS, PATRICIA CUMMINS, JIM 8345 138TH ST NORTH 2111 VISTÀ DEL SOL CIRCLE

SEMINOLE, FL 33776 LUTZ, FL 33558 US

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: JIM CUMMINS 05/24/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

CUMMINS, JIM Name:

Address: 2111 VISTA DEL SOL CIRCLE

City-St-Zip: LUTZ, FL 33558

Title:

Name: SKILLE, MARIELLE Address: 610 INDIAN ROCKS RD #117 City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: VΡ

LYONS, SARAH Name: Address: 6019 16TH AVE N

City-St-Zip: ST PETERSBURG, FL 33710

Title:

Name: NUNZIATA, ANGELA 6530 BURNING TREE DR Address: City-St-Zip: SEMINOLE, FL 33777

I hereby 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 all other like empowered.

SIGNATURE: MARIELLE SKILLE T 05/24/2012