

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010509

FILED
Apr 30, 2009
Secretary of State

Entity Name: DOME DISTRICT BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

1110 CENTRAL AVE
ST PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1110 CENTRAL AVE
ST PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-3443388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARREN, JOHN B
1078 14TH AVE. NO.
ST PETERSBURG, FL 33705 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: DP () Delete
Name: FARIAS, RUE
Address: 1110 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL 33705

Title: DV () Delete
Name: GREGOIRE, LINDA
Address: 1110 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL 33705

Title: DS () Delete
Name: KARIKAS, JULIE
Address: 1033 CENTRAL AVENUE
City-St-Zip: ST PETERSBURG, FL 33705

Title: T () Delete
Name: WARREN, JOHN
Address: 1078 14TH AVE. NO.
City-St-Zip: ST PETERSBURG, FL 33705

Title: D () Delete
Name: MOBLEY, RAYNETTA
Address: 1622 CENTRAL AVE.
City-St-Zip: ST PETERSBURG, FL 33712

Title: D () Delete
Name: ROSS, TERESA
Address: 1104 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL 33705

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:

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: JOHN B. WARREN

BD

04/30/2009

Electronic Signature of Signing Officer or Director

Date