2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N06000002630

Entity Name: STONEWALL DEMOCRATS OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

250 ISLE DRIVE
ST PETE BEACH, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

5319 21ST AVENUE, NORTH
SAINT PETERSBURG, FL 33710 US

New Mailing Address:

250 ISLE DRIVE
ST PETE BEACH, FL 33706 US

FEI Number: 20-4357869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALDWELL, GAIL E
11220 4TH STREET EAST
TREASURE ISLAND, FL 33706 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: BOYLAN, RICHARD Q
Address: 250 ISLE DRIVE
City-St-Zip: ST PETE BEACH, FL 33706 US

Title: VP ( ) Delete
Name: MCHUGH, STEVEN
Address: 623 3RD STREET N APT 1
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: TRE ( ) Delete
Name: CALDWELL, GAIL
Address: 11220 4TH STREET, EAST
City-St-Zip: TREASURER ISLAND, FL 33706 US

Title: SEC ( ) Delete
Name: CARP, JOE
Address: 752 CAPE COD DRIVE
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BOYLAN, RICHARD Q
Address: 250 ISLE DRIVE
City-St-Zip: ST PETE BEACH, FL 33706 US

Title: VP (X) Change ( ) Addition
Name: BLISS, WILLIAM
Address: 5216 15TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

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

Title: SEC (X) Change ( ) Addition
Name: CARP, JOE
Address: 614 66TH AVE SOUTH
City-St-Zip: ST PETESBURG, FL 33705 US

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: GAIL CALDWELL TRES 04/26/2009

Electronic Signature of Signing Officer or Director — Date