

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003817

FILED  
Aug 10, 2009  
Secretary of State

**Entity Name:** ST. PETERSBURG ALUMNAE CHAPTER EDUCATIONAL SERVICES, INC.

**Current Principal Place of Business:**

2517 MADRID WAY SOUTH  
ST PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11988  
ST. PETERSBURG, FL 33733

**New Mailing Address:**

**FEI Number:** 20-4846999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

HARRIS, JOAN  
25123 - 58TH AVE. SOUTH  
ST PETERSBURG, FL 33712 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: BM ( ) Delete  
Name: WILSON, SHARON  
Address: 2690 62ND AVE S  
City-St-Zip: ST PETERSBURG, FL 33712

Title: CH ( ) Delete  
Name: WILLIAMS, ARMETHA  
Address: 2517 MADRID WAY SOUTH  
City-St-Zip: ST PETERSBURG, FL 33712

Title: TRES ( ) Delete  
Name: MACK-BIVENS, LINDA  
Address: 3501 29TH AVENUE SOUTH  
City-St-Zip: ST PETERSBURG, FL 33711

**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:

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: ARMETHA C. WILLIAMS

PRES

08/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date