

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005721

FILED  
Jan 12, 2007  
Secretary of State

Entity Name: ST PETERSBURG USBC BA INC

## Current Principal Place of Business:

8668 PARK BLVD  
|  
SEMINOLE, FL 33777 US

## New Principal Place of Business:

## Current Mailing Address:

8668 PARK BLVD  
|  
SEMINOLE, FL 33777 US

## New Mailing Address:

FEI Number: 20-4927556      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZUBEN, WILLIAM J  
8565 KUMQUAT AVE  
LARGO, FL 33777 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: MGR ( ) Delete  
Name: ZUBEN, WILLIAM J  
Address: 8565 KUMQUAT AVE  
City-St-Zip: LARGO, FL 33777 US

Title: P ( ) Delete  
Name: KORNEISEL, KEITH E  
Address: 420 48TH ST NO  
City-St-Zip: ST PETERSBURG, FL 33713 US

Title: VP ( ) Delete  
Name: HIGDON, JAMES T  
Address: 2695 70TH AVE SO  
City-St-Zip: ST PETERSBURG, FL 33712 US

Title: VP ( ) Delete  
Name: VAUISO, DON L  
Address: 220 90TH AVE NE  
City-St-Zip: ST PETERSBURG, FL 33702 US

Title: VP ( ) Delete  
Name: JONES, JAMES H  
Address: 13300 WALSINGHAM RD #33  
City-St-Zip: LARGO, FL 33774 US

Title: VP ( ) Delete  
Name: ROSKO, DEAN J  
Address: 113 SUNBURST CT  
City-St-Zip: CLEARWATER, FL 33755 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition  
Name: HIGDON, JAMES T  
Address: 2695 70TH AVE SO  
City-St-Zip: ST PETERSBURG, FL 33712 US

Title: VP (X) Change ( ) Addition  
Name: PARESE, JAMES F  
Address: 3090 MOCKINGBIRD CT  
City-St-Zip: CLEARWATER, FL 33762 US

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 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: WILLIAM J ZUBEN

MGR

01/12/2007

Electronic Signature of Signing Officer or Director

Date