

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007173

FILED
Apr 15, 2008
Secretary of State

Entity Name: POLYNESIAN CONNECTION OF ST PETERSBURG,INC

Current Principal Place of Business:

3474 34TH AVE NORTH
ST.PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

3474 34TH AVE NORTH
ST.PETERSBURG, FL 33713

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATE, AIONA F
1790 75TH AVE NORTH
ST. PETERSBURG, FL 33702 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: UHATAFE, VEISINIA
Address: 3474 34TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: VP () Delete
Name: VEA, JANE P
Address: 3474 34TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33713

Title: SEC. () Delete
Name: PATE, AIONA F
Address: 1790 75TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: DIR () Delete
Name: PATE, AIONA F
Address: 1790 75TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: DIR. () Delete
Name: PATE, ROBERT P JR
Address: 1790 75TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: DIR. () Delete
Name: MATAELE, RAYMOND L
Address: 1790 75TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

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: VEA JANE

VP

04/15/2008

Electronic Signature of Signing Officer or Director

Date