

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011979

FILED
Apr 28, 2008
Secretary of State

Entity Name: ST PETERSBURG REPRESENTATIONAL ART ASSOCIATION INC.

Current Principal Place of Business:

111 SECOND AVENUE NE
STE 101
ST PETERSBURG, FL 33701

New Principal Place of Business:

1310 13TH ST. N.
ST PETERSBURG, FL 33705

Current Mailing Address:

P.O. BOX 17041
ST PETERSBURG, FL 33733

New Mailing Address:

P.O. BOX 76543
ST PETERSBURG, FL 33734 US

FEI Number: 13-4348791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONE, ROBERT J
1310 13TH ST N
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: P () Delete
Name: SIMONE, ROBERT J
Address: 1310 13TH ST N
City-St-Zip: ST PETERSBURG, FL 33705

Title: VP () Delete
Name: CHAPIN, JANE C
Address: 1132 LOCUST ST NE
City-St-Zip: ST PETERSBURG, FL 33701

Title: TREA () Delete
Name: JAMIESON, KATHY
Address: 2851 1ST AVENUE N
City-St-Zip: ST PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SIMONE, ROBERT J
Address: 1310 13TH ST N
City-St-Zip: ST PETERSBURG, FL 33705

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: ROBERT J. SIMONE

PSTD

04/28/2008

Electronic Signature of Signing Officer or Director

Date