

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 10, 2008**  
**Secretary of State**

DOCUMENT# N06000011979

**Entity Name:** ST PETERSBURG REPRESENTATIONAL ART ASSOCIATION INC.**Current Principal Place of Business:**111 SECON AVE NE, STE 101  
ST PETERSBURG, FL 33701**New Principal Place of Business:**123 BAYPOINT DR NE  
ST PETERSBURG, FL 33704**Current Mailing Address:**P.O. BOX 76543  
ST PETERSBURG, FL 33734 US**New Mailing Address:**123 BAYPOINT DR NE  
ST PETERSBURG, FL 33704**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:**CHAPIN, JANE C  
123 BAYPOINT DR NE  
ST PETERSBURG, FL 33704 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: JANE C CHAPIN

05/10/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) 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: 123 BAYPOINT DR NE  
City-St-Zip: ST PETERSBURG, FL 33704

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (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:

Title: S ( ) Change (X) Addition  
Name: ANDREASON, KIRSTEN  
Address: 1747 LAKE CYPRESS DR  
City-St-Zip: SAFETY HARBOR, FL 34695

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: JANE C CHAPIN

VP

05/10/2008

Electronic Signature of Signing Officer or Director

Date