2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000011979

TI FILED

May 25, 2008

Secretary of State

Entity Name: ST PETERSBURG REPRESENTATIONAL ART ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

123 BAYPOINT DR NE ST PETERSBURG, FL 33704

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 SIMONE, ROBERT J
 Name:
 CHAPIN, JANE C

 Address:
 1310 13TH ST N
 Address:
 123 BAYPOINT DR NE

 City-St-Zip:
 ST PETERSBURG, FL 33704
 City-St-Zip:
 ST PETERSBURG, FL 33704

Title: Title: (X) Change () Addition () Delete CHAPIN, JANE C Name: LATOURRETTE, VIRGINIA Name: Address: 123 BAYPOINT DR NE Address: 10648 WEYBRIDGE DR City-St-Zip: ST PETERSBURG, FL 33704 City-St-Zip: TAMPA, FL 33626

Title: TREA () Delete Title: AD (X) Change () Addition Name: JAMIESON, KATHY Name: PUMFREY, LAWRENCE

 Name:
 JAWIESON, KATHY
 Name:
 POWIFREY, LAWREN

 Address:
 2851 1ST AVENUE N
 Address:
 11317 122ND AVE

 City-St-Zip:
 ST PETERSBURG, FL 33705
 City-St-Zip:
 LARGO, FL 33778

Title: S () Delete Title: () Change () Addition

 Name:
 ANDREASON, KIRSTEN
 Name:

 Address:
 1747 LAKE CYPRESS DR
 Address:

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 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: JANE C CHAPIN D 05/25/2008