

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90036 048 ****70.00

DOCUMENT # N07000002673											
1. Entity Name ST. PETE ROAD RUNNERS, INC.											
Principal Place of Business 575 75TH AVE. ST PETE BEACH, FL 33706			Mailing Address PO BOX 14516 ST PETERSBURG, FL 33733								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State		4. FEI Number 20-8765029							
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent GLASSCOCK, CAROL H 228 45TH AVE ST PETE BEACH, FL 33706		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>				Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code
Name											
Street Address (P.O. Box Number is Not Acceptable)											
City	FL Zip Code										
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)											
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10								
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	GLASSCOCK, CAROL H		NAME	CAROL GLASSCOCK							
STREET ADDRESS	228 45TH AVE		STREET ADDRESS	575 75TH AVE							
CITY-ST-ZIP	ST PETE BEACH, FL 33706		CITY-ST-ZIP	ST. PETE BEACH, FL 33706							
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	JOIE, HEATHER		NAME	BEN FUDGE							
STREET ADDRESS	2800 4TH STREET NORTH #130		STREET ADDRESS	6767 SUNSET WAY #201							
CITY-ST-ZIP	ST PETERSBURG, FL 33704		CITY-ST-ZIP	ST. PETE BEACH, FL 33706							
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	WINTER, RACHEL A		NAME								
STREET ADDRESS	5575 GULF BLVD #228		STREET ADDRESS								
CITY-ST-ZIP	ST PETE BEACH, FL 33706		CITY-ST-ZIP								
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	KIRK, BRAIN M		NAME	ERIC SABER							
STREET ADDRESS	1001 8TH AVE SOUTH		STREET ADDRESS	6933 S. SHORE DR. SOUTH							
CITY-ST-ZIP	ST PETERSBURG, FL 33705		CITY-ST-ZIP	SOUTH PASEDENA, FL 33707							
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	FAZZIO, MICHAEL J		NAME	TANYA REPKA							
STREET ADDRESS	2630 13TH STREET NORTH		STREET ADDRESS	333 BATH CLUB BLVD SOUTH							
CITY-ST-ZIP	ST PETERSBURG, FL 33704		CITY-ST-ZIP	N. REDINGTON BEACH, FL 33708							
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	DUNFORD, JONATHAN		NAME								
STREET ADDRESS	175 18TH AVE NORTH		STREET ADDRESS								
CITY-ST-ZIP	ST PETERSBURG, FL 33704		CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: <i>Jonathan C Dunford</i> JONATHAN DUNFORD			4/14/08 727.642.8646								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #								