

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90119 003 ****61.25

DOCUMENT # N10892

1. Entity Name
FEED THE PELICAN FUND, INC.



Principal Place of Business

4372 33AVE N
PINELLAS FL 33713 *St. Petersburg*
Fla. 33713

Mailing Address

FEED THE PELICAN FUND
PO BOX 605
ST PETERSBURG FL 33731

90018298



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2531922**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLLY, KIMBALL
4372 33 AVE N
SAINT PETERSBURG FL 33713

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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** ☐ Delete
NAME **KIMBALL, POLLY** *DT*
STREET ADDRESS **4372 33 AVE N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **D** ☐ Change ☐ Addition
NAME **Carpenter Royie**
STREET ADDRESS **1235-21st Ave. W**
CITY-ST-ZIP **St. Petersburg FL 33704**

TITLE **TD** ☐ Delete
NAME **KEET, MURIEL M** *Keef*
STREET ADDRESS **1473 45 AVE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **D** ☐ Change ☐ Addition
NAME **Diane Ray**
STREET ADDRESS **1425 Eden Isle Blvd. NE**
CITY-ST-ZIP **St. Petersburg Fla 33704**

TITLE **PD** ☐ Delete
NAME **ALBERS, HAROLD DUM** *DVM*
STREET ADDRESS **5099 26 AVE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **D** ☐ Change ☐ Addition
NAME **Williams Dennis**
STREET ADDRESS **2064 Point Oualook Dr.**
CITY-ST-ZIP **St. Petersburg FL 33703**

TITLE **D** ☐ Delete
NAME **MULLER, PHYLLISS** *miller Phyllis*
STREET ADDRESS **3850 13TH AVE W**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **D** ☐ Change ☐ Addition
NAME **Yatsco Mariann**
STREET ADDRESS **4656 Mirabella Court**
CITY-ST-ZIP **St. Petersburg Beach Fl. 33706**

TITLE **VPD** ☐ Delete
NAME **RAY, JOHN**
STREET ADDRESS **1425 EDEN ISLE BLVD N.E.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **VANEVILLE, JENNINE** *banville*
STREET ADDRESS **7230 4TH ST N. # 402**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)