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Apr 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14929 (6)
1. Corporation Name
ST. PETERSBURG MISSION, INC.



Principal Place of Business Mailing Address
%MICHAEL F. NOVILLA
863 THIRD AVENUE NORTH
ST. PETERSBURG FL 33701
%MICHAEL F. NOVILLA
863 THIRD AVENUE NORTH
ST. PETERSBURG FL 33701-2703

3. Date Incorporated or Qualified 05/14/1986 3a. Date of Last Report 03/13/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2668794	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

NOVILLA, MICHAEL F.
3806 CENTRAL AVENUE
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
FL	B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	FISCHER, MARGO	1.2 NAME	O'Donnell, Kevin
STREET ADDRESS	1345 BRIGHTWATER N. E.	1.3 STREET ADDRESS	6137 Third Avenue N.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL. 33710
TITLE	D	2.1 TITLE	
NAME	ALLEN, MARY WYATT	2.2 NAME	
STREET ADDRESS	4001 ALABAMA AVENUE NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	GIBLIN, CHRISTIAN	3.2 NAME	
STREET ADDRESS	925 31 TERRACE NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	DV
NAME	SCHULZ, JOANN	4.2 NAME	Schulz, Joann
STREET ADDRESS	205-25 AVENUE N	4.3 STREET ADDRESS	105 23rd Avenue NE
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL. 33704
TITLE	D	5.1 TITLE	
NAME	NOVILLA, MICHAEL F.	5.2 NAME	
STREET ADDRESS	3806 CENTRAL AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	SDT	6.1 TITLE	
NAME	SMITH, CLIFFORD	6.2 NAME	
STREET ADDRESS	647- 1ST AVENUE NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 813-821-1200

CR2E037 (9/96)