

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18241

FILED
Apr 10, 2012
Secretary of State

Entity Name: NORTHEAST EXCHANGE CLUB OF ST. PETERSBURG, FLORIDA, INC.

Current Principal Place of Business:

100 2ND AVENUE SOUTH
SUITE 600
SAINT PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

100 2ND AVENUE SOUTH
SUITE 600
SAINT PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-2741305 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SALVERSON, DAVID A CPA
100 2ND AVE. SO
SUITE 600
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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:

Title: P
Name: COHRS, DIANNE
Address: 302 MATEO WAY NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: PE
Name: ULLRICH, JOHN
Address: 7641 16TH AVE NO
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: S
Name: EVERSON, CAROL
Address: 424 YORK DALE DR
City-St-Zip: RUSKIN, FL 3373357

Title: COO
Name: CLARK, GAIL
Address: 4219 1ST AVE. NE
City-St-Zip: BRADENTON, FL 34208

Title: CFO
Name: SALVERSON, DAVID A
Address: 5049 SHORE ACRES BLVD NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: T
Name: HOOD, LISA
Address: 1968 IOWA AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

I hereby 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 all other like empowered.

SIGNATURE: DAVID A SALVERSON

CFO

04/10/2012

Electronic Signature of Signing Officer or Director

_____ Date