

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N18358

1. Entity Name
**THE GERALD F. STOGNIEW, JR. PRIVATE
FOUNDATION, INC.**



Principal Place of Business
**12225 B 28 ST N
ST. PETERSBURG, FL 33716**

Mailing Address
**12225 B 28 ST N
ST. PETERSBURG, FL 33716**



01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2761167

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STOGNIEW, ROSEMARY
12225 B 28 ST N
ST. PETERSBURG, FL 33716**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOGNIEW, ROSEMARY 12225 28TH ST N ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STOGNIEW, GERALD F., SR. 12225 28TH ST N ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD O'REILLY, LAURIE 12225 28TH ST N ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STOGNIEW, KRISTEN 12225 28TH ST N ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000396363
01/30/06-80008-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Rosemary Stogniew* **ROSEMARY STOGNIEW** 1/20/06 (727) 572-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #