

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90036 020 ****61.25

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01122007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0009306 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

STOGNIEW, GERALD F
12225 28TH STREET NORTH
ST. PETERSBURG, FL 33716

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHAURETTE, THOMAS G.	
STREET ADDRESS	12225 28TH STREET NO.	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RADZIOW, PAUL	
STREET ADDRESS	12225 28TH STREET NO.	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPLIN, THOMAS	
STREET ADDRESS	12225 28TH STREET NO.	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STOGNIEW, ROSEMARY	
STREET ADDRESS	12225 28 ST. NO.	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOGNIEW, GERALD F.	
STREET ADDRESS	12225 28 ST. NO.	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOGNIEW, KRISTEN J.	
STREET ADDRESS	12225 28TH ST NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Rosemary Stogniew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSEMARY STOGNIEW

1/22/07 (727) 572-7400

Date

Daytime Phone #