


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90083 008 ****61.25

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|--|---|---|---|---|--|
| DOCUMENT # N28835 1. Entity Name COUNCIL OF NEIGHBORHOOD ASSOCIATIONS OF SOUTH PINELLAS COUNTY, INC. | | | |  | |
| Principal Place of Business PO BOX 13693 SAINT PETERSBURG, FL 33733 | | | Mailing Address PO BOX 13693 SAINT PETERSBURG, FL 33733 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2921651 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent NURSE, KARL 176 -21ST AVE. SE SAINT PETERSBURG, FL 33705 | | | | 7. Name and Address of New Registered Agent Name Barbara Heck Street Address (P.O. Box Number is Not Acceptable) 106 Giralda Blvd City St Petersburg FL Zip Code 33704 | |
| 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 <u><i>Barbara Heck</i></u> 2-7-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | P NURSE, KARL 176 21ST AVE. SE SAINT PETERSBURG, FL 33705 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pres Barbara Heck 106 Giralda Blvd St Petersburg, FL 33704 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD KILLIAN, TOM 2275 80TH ST N SAINT PETERSBURG, FL 33710 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | First Vice President/Dir Darden Rice 110 18th Ave S St Petersburg, FL 33705 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MCWILLIAMS, ANNIE 6211 SUN BLVD, # 212 SAINT PETERSBURG, FL 33715 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer / Dir Keith Locke 204 37 Ave N 237 St Petersburg, FL 33704 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WEISNER, CONRAD 7228 MT. JUPITER DR. SAINT PETERSBURG, FL 33702 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Second VP / Dir Will Michaels 6215 Bahama Shores Dr S St Petersburg, FL 33705 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u><i>Keith Locke</i></u> Keith Locke, Treas | | | Date 2-6-07 Daytime Phone # 823-9866 | | |