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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N34677**

(7)

1. Corporation Name

COMMUNITY LAW PROGRAM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:24

Principal Place of Business

Mailing Address

33 4TH STREET NORTH
SUITE 208
ST PETERSBURG FL 33701

33 4TH STREET NORTH
SUITE 208
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1989

3a. Date of Last Report

03/10/1994

4. FEI Number

59-2970727

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST PETERSBURG BAR ASSOCIATION
2600 9TH STREET NORTH
ST PETERSBURG FL FL 33704

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
CUNNINGHAM, JOHN P.
641 1ST STREET SOUTH
ST PETERSBURG FL 33731-0358

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOPEZ, KAREN B.
1801 8TH STREET NORTH
ST PETERSBURG FL 33731-3192

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
WHITE, CYNTHIA R.
763 26TH AVENUE NORTH
ST PETERSBURG FL 33734

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BATTAGLIA, BRIAN
980 TYRONE BLVD. N.
ST PETERSBURG FL 33710

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARRIS, DR. CALVIN
0580 68TH STREET NORTH
PINELLAS PARK FL 34865

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTT, SIMKINS I
2101 FIFTH AVENUE NORTH
ST. PETERSBURG FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
D
BERGMAN, NORA R.
360 CENTRAL AVENUE, SUITE 1220
ST. PETERSBURG FL 33701

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 recorder or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY/TREASURER

JANUARY 30, 1995

(813) 823-7474

**COMMUNITY LAW PROGRAM, INC.
BOARD OF TRUSTEES
1994-1995**

Brian P. Battaglia, Esq., President
Battaglia, Ross, et al.
P.O. Box 41100
St. Petersburg, FL 33743
Phone: 381-2300 FAX: 343-4059

John P. Cunningham, Esq., Vice President
Executive Director
Gulfcoast Legal Services, Inc.
P.O. Box 358
St. Petersburg, FL 33731-0358
Phone: 821-0726 FAX: 821-3340

Cynthia R. White, Esq., Secretary-Treasurer
Executive Director
St. Petersburg Bar Association
P.O. Box 7538
St. Petersburg, FL 33734
Phone: 823-7474 FAX: 823-8166

Nora R. Bergman, Esq.
360 Central Avenue, Suite 1220
St. Petersburg, FL 33701
Phone: 894-3262 FAX: 894-3265

Dr. Calvin Harris
Provost of Open Campus, SPJC
P.O. Box 13489
St. Petersburg, FL 33733-3489
Phone: 341-3246 FAX: 341-3270

Karen B. Lopez, Esq.
Masterson, Rogers, et al.
P.O. Box 3192
St. Petersburg, FL 33731-3192
Phone: 896-3641 FAX: 896-3559

Stewart O. Olson, Esq.
P. O. Box 1689
St. Petersburg, FL 33731-1689
Phone: 898-9011 FAX: 898-9014

Virginia Rowell
Intergovernmental Relations
City of St. Petersburg
175 5th Street North
St. Petersburg, FL 33701
Phone: 893-7627 FAX: 892-6365

Clifford Smith, Supervisor
Pinellas County Social Services
647 1st Avenue North
St. Petersburg, FL 33701
Phone: 582-7598 FAX: 582-7912