2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 12, 2008 8:00 am Secretary of State

DOCU! 1. Entity Nam THE ST. COMMEN			ı	05-12-		•	1 ****61			
Principal Place of Business 3801 39TH STREET ST. PETERSBURG, FL 33711 US Mailing Address P.O. BOX 16156 SAINT PETERSBURG, FL 33733 US										
2. Principal Place of Business - No P.O. Box # 20/0 - Caesar Way So Suite, Apt. #, etc. 3. Mailing Address P.O. Box 16/56 Suite, Apt. #, etc.					05082008 Chg-NP CR2E037 (12/06)					
City & State St. Pete Zip	e Prsburg, FL Country	City & State St. Peters bus Zip	rg FL		4. FEI Numbe NOT AP	PLICABL	.E		N	pplied For ot Applicable
33712	US	33733	ÜS .	1	5. Certificate			F	8.75 Ad ee Require	ditional ed
6. Name and Address of Current Registered Agent Name ; / • •					7. Name and Address of New Registered Agent					
PACKER, WILLIAM 3801 39TH STREET Deceased Street Address (F					P.O. Box Number is Not Acceptable)					
ST PETERSRIPG EL 33711					Caesar	Was	4 50	uth		
2010 - City St. Pet					ersbur	a a	1	FL	Zip Coo	le 7/ み
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 famillar with, and acceptable the obligations of registered agent. SIGNATURE Signature, hold or privated results in registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							, and accept			
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rereby ceruly 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: Juginia J. Scott
SKRYGTURE AND TYPEP OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

727 867-5893 Daytime Phone #