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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001312

1. Corporation Name

TREASURE ISLAND CHARITIES, INC.

Principal Place of Business

12781 KINGFISH DR.
TREASURE ISLAND FL 33706

Mailing Address

12781 KINGFISH DR.
TREASURE ISLAND FL 33706



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

03/22/1993

4. FEI Number

59-3170845

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FARNER, TERRY
12781 KINGFISH DR.
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **PT** ☐ DELETE
NAME **FARNER, TERRY**
STREET ADDRESS **3814-48TH AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **VPT** ☐ DELETE
NAME **STILES, BOB**
STREET ADDRESS **7300-4TH AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE **TT** ☐ DELETE
NAME **MARTINOVICH, JOHN**
STREET ADDRESS **10526-118TH STREET NORTH**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **ST** ☒ DELETE
NAME **TURNER, JACLYN**
STREET ADDRESS **311 JULIA CIR. NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33706**

TITLE **T** ☐ DELETE
NAME **RICE, SID**
STREET ADDRESS **47 DOLPHIN DRIVE**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **T** ☒ DELETE
NAME **STILES, ROBERT**
STREET ADDRESS **7300 4TH AVE SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL 33707**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **JANET M. PADGETT**
4.3 STREET ADDRESS **9758 PORTSIDE DR**
4.4 CITY-ST-ZIP **SEMINOLE, FL 33776**

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

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **JEFF BERARDELLI**
6.3 STREET ADDRESS **11601-4TH ST. N. #115**
6.4 CITY-ST-ZIP **ST. PETE FL. 33716**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JANET M. PADGETT Executive Director

4-12-99

727-363-0071

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (1/98)