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FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005341 (3)

1. Corporation Name:

ELITE SOCIAL CLUB OF ST. PETERSBURG, INC.



Principal Place of Business

Mailing Address

4725 THIRTEENTH AVE S
ST PETERSBURG FL 337114725 THIRTEENTH AVE S
ST PETERSBURG FL 33711-23153. Date Incorporated or Qualified
11/18/19933a. Date of Last Report
02/16/19964. FEI Number
59-3213204Applied For
☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 12081
Suite, Apt. #, etc.26 P.O. Box 12081
Suite, Apt. #, etc.22 City & State
23 St. Petersburg, Florida27 City & State
28 St. Petersburg, Florida

24 Zip 33733-2081 25 Country Pinellas

29 Zip 33733-2081 30 Country Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, DAVID W
555 FOURTH ST N
ST PETERSBURG FL 33701

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JENKINS, CYRUS JR	
STREET ADDRESS	1218 13TH AVE S	
CITY - ST - ZIP	ST PETERSBURG FL 33705	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, BETTY	
STREET ADDRESS	624 38TH ST S	
CITY - ST - ZIP	ST PETERSBURG FL 33711	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BACON, CYNTHIA D	
STREET ADDRESS	4725 13TH AVE S	
CITY - ST - ZIP	ST PETERSBURG FL 33711	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, ROSA L	
STREET ADDRESS	4601 11TH AVE S	
CITY - ST - ZIP	ST PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gary M. Ffin VD
2.3 STREET ADDRESS	6300 - 17th Street So.
2.4 CITY - ST - ZIP	St. Petersburg, Florida, 33712
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Joyce Lovett
3.3 STREET ADDRESS	926 - 23RD Avenue South
3.4 CITY - ST - ZIP	St. Petersburg, Florida 33705
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Sylvia Boyd
4.3 STREET ADDRESS	1150 - 10th Avenue South
4.4 CITY - ST - ZIP	St. Petersburg, Florida, 33705
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Cyrus Jenkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0060618

CR2E037 (9/96)