

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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

P O BOX 12081
ST PETERSBURG FL 33733-2081
US

P O BOX 12081
ST PETERSBURG FL 33733-2081
US

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

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/18/1993

4. FEI Number

59-3213204

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JENKINS, CYRUS JR
STREET ADDRESS 1218 13TH AVE S
CITY-ST-ZIP ST PETERSBURG FL 33705
☒ DELETE

TITLE VD
NAME MIFFIN, GARY
STREET ADDRESS 6300-17TH STREET S
CITY-ST-ZIP ST PETERSBURG FL
☒ DELETE

TITLE SD
NAME LOVETT, JOYCE
STREET ADDRESS 926-23RD AVENUE SOUTH
CITY-ST-ZIP ST PETERSBURG FL
☒ DELETE

TITLE TD
NAME BOYD, SYLVIA
STREET ADDRESS 1150- 10TH AVENUE SOUTH
CITY-ST-ZIP ST PETERSBURG FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME MIFFIN, GARY
1.3 STREET ADDRESS 6300-17TH STREET S
1.4 CITY-ST-ZIP ST. Petersburg FL
☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME Roundtree, Sonya
2.3 STREET ADDRESS 4676 12th AVE. SO
2.4 CITY-ST-ZIP ST. Petersburg FL 33712
☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME Washington, Shirley
3.3 STREET ADDRESS 1034 16th ST. SO
3.4 CITY-ST-ZIP ST. Petersburg FL 33705
☒ Change ☐ Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

Shirley A. Washington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-98

Date

321-9362

Daytime Phone #

CR2E037 (5/98)