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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90068 017 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N93000005341**

1. Corporation Name

**ELITE SOCIAL CLUB OF ST. PETERSBURG, INC.**

Principal Place of Business

P O BOX 12081  
 ST PETERSBURG FL 33733-2081  
 US

Mailing Address

P O BOX 12081  
 ST PETERSBURG FL 33733-2081  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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 Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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 **PD** ☒ DELETE  
 NAME **MIFFIN, GARY**  
 STREET ADDRESS **6300 17TH STREET SOUTH**  
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **VD** ☐ DELETE  
 NAME **ROUNDTREE, SONYA**  
 STREET ADDRESS **4676 12TH AVENUE SOUTH**  
 CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **SD** ☐ DELETE  
 NAME **WASHINGTON, SHIRLEY**  
 STREET ADDRESS **1034 16TH STREET SOUTH**  
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

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

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
 1.2 NAME **MACARA BERNARD**  
 1.3 STREET ADDRESS **4032 10TH AVE SD**  
 1.4 CITY-ST-ZIP **ST. Pete, FL 33711**

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

3.1 TITLE **SD** ☒ Change ☐ Addition  
 3.2 NAME **WASHINGTON, SHIRLEY**  
 3.3 STREET ADDRESS **3598 24th AVE SD**  
 3.4 CITY-ST-ZIP **ST. Pete, FL 33711**

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

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  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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:

*Shirley Washington*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99  
 Date

(727) 867-1611  
 Daytime Phone #

CR2E037 (11/98)