

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90028 030 ****70.00

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1. Corporation Name

**ST. PETERSBURG EMPLOYMENT AND ECONOMIC DEVELOPME
NT CORPORATION**

Principal Place of Business

**600 22ND ST S
ST PETERSBURG FL 33712**

Mailing Address

**P.O. BOX 11812
ST PETERSBURG FL 33733
US**



2. Principal Place of Business

21 501 First Ave North

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/19/1994

Suite, Apt. #, etc.

22 507

Suite, Apt. #, etc.

27

4. FEI Number

59-3245405

Applied For

Not Applicable

City & State

23 St. Petersburg Florida

City & State

28

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

Zip

24 33701

Country

25 U.S.

Zip

29

Country

30

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**CUTLIFF, YATE K
301 42ND ST N
ST PETERSBURG FL 33713**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**DP
NAME CUTLIFF, YATE K
STREET ADDRESS 2220 19TH AVE. S
CITY-ST-ZIP ST PETERSBURG FL 33712**

1.1 TITLE ☐ Change ☐ Addition

**1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**DS
NAME WILLIAMS, M. NAILAH
STREET ADDRESS 516 28TH AVE. S
CITY-ST-ZIP ST PETERSBURG FL 33712**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**D
NAME ALI, ABDUL K
STREET ADDRESS 4005 CORTEZ WAY SOUTH
CITY-ST-ZIP ST PETERSBURG FL**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**DT
NAME CUTLIFF, JOIE M
STREET ADDRESS 2220 19TH AVE. S
CITY-ST-ZIP ST. PETERSBURG FL 33712**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**D
NAME DAVIS, SHIRLEY
STREET ADDRESS 1800 KARLETON PLACE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**D
NAME DaSilva, Raul
STREET ADDRESS 267 Snell Island Blvd
CITY-ST-ZIP St. Petersburg, FL 33704**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

727-827-3671

Date

Daytime Phone #

CR2E037 (11/98)