

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 30, 2005 8:00 am
Secretary of State

DOCUMENT # N94000002615

1. Entity Name

ST. PETERSBURG EMPLOYMENT AND ECONOMIC
DEVELOPMENT CORPORATION



06-30-2005 90004 001 ***461.25
06-30-2005 90004 002 *****8.75

Principal Place of Business

535 22ND STREET NORTH
SAINT PETERSBURG FL 33712
US

Mailing Address

P.O. BOX 11812
ST PETERSBURG FL 33733
US

2. Principal Place of Business

8550 ULMERTON RD
Suite, Apt. #, etc.
125

3. Mailing Address

8550 ULMERTON RD
Suite, Apt. #, etc.
125

City & State

Largo FL

City & State

Largo FL

Zip

33771

Country

US

Zip

33771

Country

US

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3245405

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name MARY H. MELCER

Street Address (P.O. Box Number is Not Acceptable)

14133 Spoonbill Lane

City

Clearwater

FL

Zip Code

33762

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary H. Melcer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/28/05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CUTLIFF, YATE K	
STREET ADDRESS	2220 19TH AVE. S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CULBRETH, MICHAEL T	
STREET ADDRESS	3530 1ST AVE. NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALI, ABDUL K	
STREET ADDRESS	4005 CORTEZ WAY SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	CUTLIFF, JOIE M	
STREET ADDRESS	2220 19TH AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, SHIRLEY	
STREET ADDRESS	6901 21ST STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	DASILVA, RAUL	
STREET ADDRESS	267 SNELL ISLAND BLVD	
CITY-ST-ZIP	ST PETERSBURG FL 33704	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MARY H. MELCER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT/DIRECTOR	
STREET ADDRESS	14133 Spoonbill Ln.	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	DIRECTOR/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN BURCHAM	
STREET ADDRESS	1562 TUSCALOOSA AVE	
CITY-ST-ZIP	Holly Hill, FL 32117	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Hughes	
STREET ADDRESS	Auto mobile Blvd #4	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREA CHENEY	
STREET ADDRESS	4817 S. Sunset Blvd	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	Kim J. Wells	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	692 Samantha Dr	
CITY-ST-ZIP	Dal m Harbor, FL 34683	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary H. Melcer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY H. MELCER

6/28/05 (727) 450-2900

Date

Daytime Phone #