

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **094000003579**
1. Corporation Name
The Old Southeast Neighborhood Association, Inc.

Principal Place of Business Mailing Address
176-21st Ave SE Same
St. Petersburg, FL. 33705

3. Date Incorporated or Qualified **7/20/94** 3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-3256967	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
Karl J. Nurse 176-21st Ave SE. St. Petersburg, FL 33705		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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 **Karl J. Nurse** DATE **4/29/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D.V.P. <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dean Milligan	12 NAME	
STREET ADDRESS	830-1st St. S.	13 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg FL 33705	14 CITY-ST-ZIP	
TITLE	Tony Rivers <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tony Rivers	22 NAME	
STREET ADDRESS	1719 Beach Dr. SE	23 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg FL 33701	24 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Sullivan	32 NAME	
STREET ADDRESS	135-20th Ave SE	33 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg FL 33705	34 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Sullivan	42 NAME	
STREET ADDRESS	148-19th Ave SE	43 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg FL 33705	44 CITY-ST-ZIP	
TITLE	Dir. <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Connie Billings	52 NAME	
STREET ADDRESS	1735 Beach Dr. SE	53 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg FL 33701	54 CITY-ST-ZIP	
TITLE	Dir <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Herring	62 NAME	
STREET ADDRESS	105-22nd Ave SE	63 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg FL 33705	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Karl J. Nurse** DATE **4/29/96** DAYTIME PHONE # **813-572-9311**

CR2E037 (12/95)