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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000003579 (9)
1. Corporation Name
THE OLD SOUTHEAST NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business: 176-21ST AVE S.E. ST PETERSBURG FL 33705
Mailing Address: 176-21ST AVE S.E. ST PETERSBURG FL 33705-2827

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 263 21st Ave S.		26 263 21st Ave S.		59-3256967		07/20/1994		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
23 St Petersburg, FL		28 St Petersburg, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33705		25 Pinellas		29 33705		30 Pinellas		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
NURSE, KARL J
176-21ST AVE S.E.
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent
81 Name: MICHAEL L. HILL
82 Street Address (P.O. Box Number is Not Acceptable): 263 21st Ave S.
83 Apt. #1
84 City: St Petersburg FL 85 Zip Code: 33705

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: MICHAEL L. HILL *[Signature]* DATE: 4/9/97

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MILLTON, DEAN	
STREET ADDRESS	830-1ST ST. S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	T	<input type="checkbox"/> DELETE
NAME	1719 POWERS, TONY	
STREET ADDRESS	1719 BEACH DR. SE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, KATHERINE	
STREET ADDRESS	135-20TH AVE SE	
CITY-ST-ZIP	ST.PETERSBURG FL 33705	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, MARY	
STREET ADDRESS	148-19TH AVE SE	
CITY-ST-ZIP	ST.PETERSBURG FL 33705	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BILLINGTON, CONNIE	
STREET ADDRESS	1735 BEACH DR. SE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRING, NANCY	
STREET ADDRESS	105-22ND AVE SE	
CITY-ST-ZIP	ST.PETERSBURG FL 33705	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MASSEY, SUE	
1.3 STREET ADDRESS	105 21st Ave SE	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33705	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KOSTREVA, DONNA	
3.3 STREET ADDRESS	206 17th Ave SE	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33705	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BARTLETT, DON	
4.3 STREET ADDRESS	155 19th Ave SE	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33705	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BRANDON, JIM	
5.3 STREET ADDRESS	205 19th Ave SE	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33705	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *[Signature]* MICHAEL L. HILL 4/9/97 (813) 393-3484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)