


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000003579 (9)**

1. Corporation Name

**THE OLD SOUTHEAST NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

176-21ST AVE S.E.  
ST PETERSBURG FL 33705

176-21ST AVE S.E.  
ST PETERSBURG FL 33705-2827

3. Date Incorporated or Qualified  
**07/20/1994**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business	2a. Mailing Address
21 <b>263 21st Ave S.</b>	26 <b>263 21st Ave S.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>1</b>	27 <b>1</b>
City & State	City & State
23 <b>St Petersburg, FL</b>	28 <b>St Petersburg, FL</b>
Zip	Zip
24 <b>33705</b>	29 <b>33705</b>
Country	Country
25 <b>Pinellas</b>	30 <b>Pinellas</b>

4. FEI Number  
**59-3256967**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NURSE, KARL J**  
**176-21ST AVE S.E.**  
**ST PETERSBURG FL 33705**

81 Name	<b>Michael L. Hill</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>263 21st Ave S.</b>
83	<b>Apt. #1</b>
84 City	<b>St Petersburg</b>
85 Zip Code	<b>FL 33705</b>

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

(NOTE: Registered Agent signature required when reinstating)

**4/9/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVP</b>	1.1 TITLE	<b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>MILLTON, DEAN</b>	1.2 NAME	<b>MARLEY, SUE</b>
STREET ADDRESS	<b>830-1ST ST. S.</b>	1.3 STREET ADDRESS	<b>105 21st Ave SE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33705</b>
TITLE	<b>T</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TONI POWERS, TONY</b>	2.2 NAME	
STREET ADDRESS	<b>1719 17th BEACH DR. SE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, KATHERINE</b>	3.2 NAME	<b>KOSTREVA, DONNA</b>
STREET ADDRESS	<b>135-20TH AVE SE</b>	3.3 STREET ADDRESS	<b>206 17th Ave SE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	3.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33705</b>
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, MARY</b>	4.2 NAME	<b>BARTLETT DON</b>
STREET ADDRESS	<b>148-19TH AVE SE</b>	4.3 STREET ADDRESS	<b>155 19th Ave SE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	4.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33705</b>
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BILLINGTON, CONNIE</b>	5.2 NAME	<b>BRANDON, JIM</b>
STREET ADDRESS	<b>1735 BEACH DR. SE</b>	5.3 STREET ADDRESS	<b>205 19th Ave SE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	5.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33705</b>
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRING, NANCY</b>	6.2 NAME	
STREET ADDRESS	<b>105-22ND AVE SE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050126

CR2E037 (9/96)