

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

99 MAR - 1 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N94000003579
Corporation Name
THE OLD SOUTHEAST NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business Mailing Address
115 18TH AVE. S.E.
ST. PETERSBURG FL 33705
US
115 18TH AVE. S.E.
ST. PETERSBURG FL 33705
US



21 Principal Place of Business 22 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country 26 Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country 31 Date of Incorporation or Qualified Foreign Corporation 32 FR Number 33 Certificate of Status Desired 34 Election Campaign Financing Trust Fund Contribution

9 Name and Address of Current Registered Agent
BARTLETT, DONALD A
115 18TH AVE. S.E.
ST. PETERSBURG FL 33705
10 Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

I, the undersigned, being a resident qualified person in the State of Florida, in accordance with Section 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. CURRENT OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12.1 NAME | 12.2 STREET ADDRESS | 12.3 CITY-ST-ZIP | 12.4 TITLE | 13.1 TITLE | 13.2 NAME | 13.3 STREET ADDRESS | 13.4 CITY-ST-ZIP | 13.5 TITLE | 13.6 NAME | 13.7 STREET ADDRESS | 13.8 CITY-ST-ZIP |
|------------------|---------------------|-------------------------|------------|------------|-----------|---------------------|------------------|------------|-----------|---------------------|------------------|
| BARTLETT, DONALD | 115 18TH AVE S.E. | ST. PETERSBURG FL 33705 | D | | | | | | | | |
| POWERS, TUD | 1719 BEACH DR SE | ST. PETERSBURG FL 33701 | D | | | | | | | | |
| KOSTROVA, DONNA | 206 17TH AVE SE | ST. PETERSBURG FL 33701 | D | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Date Daytime Phone #

CR-5037 (1/98)

1-11-99

(227) 874-5690