

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 # **N94000003920 (5)**

1. Corporation Name

22ND STREET REDEVELOPMENT, INC.



Principal Place of Business

Mailing Address

**2022 MELROSE AVE S
ST PETERSBURG FL 33712**

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ST PETERSBURG FL 33712**

3. Date Incorporated or Qualified 08/05/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3307187	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRINKLEY, COLUMBUS
2022 MELROSE AVE S
ST PETERSBURG FL 33712**

81. Name	85. Zip Code
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIX, ANNIE M	1.2 NAME	P/D Dix, Annie M.
STREET ADDRESS	2161 14TH AVE S	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33712	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDY, JASPER L	2.2 NAME	V/D Hardy, Jasper L.
STREET ADDRESS	1324 18TH AVE S	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33705	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTER, ALVIN JR	3.2 NAME	T/D Porter, Alvin, Jr.
STREET ADDRESS	710 26TH AVE S	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33705	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLAMY, LOTTIE	4.2 NAME	
STREET ADDRESS	2225 18TH ST S	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33712	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRINKLEY, COLUMBUS	5.2 NAME	S/D Brinkley, Columbus
STREET ADDRESS	2022 MELROSE AVE S	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33712	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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:

Columbus Brinkley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29, 1996

Date

Daytime Phone #

CR2E037 (12/95)