

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004921 (2)

1. Corporation Name

EDGEMOOR NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

**816 62ND AVENUE N.E.
ST. PETERSBURG FL 33702**

Mailing Address

**816 62ND AVENUE N.E.
ST. PETERSBURG FL 33702**

2. Principal Place of Business

2a. Mailing Address

21 609 61st Avenue N.E.

26 609 61st Avenue N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

24 33703 25 USA

29 33713 30 USA

3. Date Incorporated or Qualified
10/03/1994

3a. Date of Last Report
04/13/1995

4. FEI Number
59-3229611

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

**MOESSNER, ROMAINE M
816 62ND AVENUE N.E.
ST. PETERSBURG FL 33702**

81 Name
82 Alfred J. Rathsam
83 Street Address (P.O. Box Number is Not Acceptable)
609 61st Avenue N.E.
84 City
St. Petersburg
FL
85 Zip Code
33713

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 **ALFRED J. RATHSAM**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, VICKI L.	
STREET ADDRESS	848 62ND AVE NE	
CITY - ST - ZIP	ST PETERSBURG FL 33702	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MOESSNER, ROMAINE	
STREET ADDRESS	816 62ND AVE NE	
CITY - ST - ZIP	ST PETERSBURG FL 33702	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEISER, CONRAD	
STREET ADDRESS	169 SE LINCOLN CIR N	
CITY - ST - ZIP	ST PETERSBURG FL 33703	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, SHERYL	
STREET ADDRESS	5700 PERSHING ST NE	
CITY - ST - ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWKINS, RALPH	
STREET ADDRESS	232 SE MONROE CIR N	
CITY - ST - ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALOMONE, RICH	
STREET ADDRESS	201 HAMPTON AVE NE	
CITY - ST - ZIP	ST PETERSBURG FL 33703	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alfred J. Rathsam	
1.3 STREET ADDRESS	609 61st Avenue N.E.	
1.4 CITY - ST - ZIP	St. Petersburg, Florida 33703	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tracey Salomone	
2.3 STREET ADDRESS	201 Hapton Avenue N.E.	
2.4 CITY - ST - ZIP	St. Petersburg, Florida 33703	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 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: **ALFRED J. RATHSAM** 3/3/96 (813) 527-3930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E037 (12/95)