

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Jul 16 1996 8:00 am  
Secretary of State

DOCUMENT # **N95000002512 (0)**

1. Corporation Name

**JUNETEENTH OF TAMPA BAY, INC.**

Principal Place of Business

**3867 18TH AVENUE SOUTH  
ST. PETERSBURG FL 33711**

Mailing Address

**3867 18TH AVENUE SOUTH  
ST. PETERSBURG FL 33711**



3. Date Incorporated or Qualified  
**05/26/1995**

3a. Date of Last Report

2. Principal Place of Business

**21 760 - 19th Avenue S.**

2a. Mailing Address

**26 P.O. Box 11553**

4. FEI Number  
**59-3247393**

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

22 City & State  
**St. Pete.**

27 City & State  
**St. Petersburg**

24 Zip **33705** 25 Country **Pinellas**

29 Zip **33733** 30 Country **Pinellas**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLUE, JEANIE**

**3867 18TH AVENUE SOUTH - 760 - 19th Avenue S.,  
ST. PETERSBURG FL 33711-33105**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 **Jeannie Blue Jeannie Blue Executive Director** **6/25/96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** **President - D** ☐ DELETE  
NAME **Carl DeVine**  
STREET ADDRESS **200 - 3rd Avenue S.**  
CITY-ST-ZIP **St. Petersburg, FL 33701**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** **Vice President - D** ☐ DELETE  
NAME **Mary Calloway**  
STREET ADDRESS **800 - 15th St. S.**  
CITY-ST-ZIP **St. Pete, FL 33711**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** **Sect. - D** ☐ DELETE  
NAME **Rose Mack**  
STREET ADDRESS **1860 - Lakewood Dr. So.**  
CITY-ST-ZIP **St. Pete, FL 33712**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** **Treasurer - D** ☐ DELETE  
NAME **Stephanie Wilson**  
STREET ADDRESS **P.O. Box 11361**  
CITY-ST-ZIP **St. Pete, FL 33733**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** **Parliamentarian - D** ☐ DELETE  
NAME **Nadine Price**  
STREET ADDRESS **803 - 28th Ave. S.**  
CITY-ST-ZIP **St. Pete, FL 33705**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** **Executive Director** ☐ DELETE  
NAME **Jeannie Blue**  
STREET ADDRESS **760 - 19th Ave. S.**  
CITY-ST-ZIP **St. Pete, FL 33705**

6.1 TITLE ☐ Change ☐ 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: **Jeannie Blue Jeannie Blue**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/25/96** **(813) 327-2142**  
Date Daytime Phone #

CR2E037 (3/96)