## FILE NOW: FILING FEE IS \$61.25

NONPROFIT '
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N9500002512 (0)

JUNETEENTH OF TAMPA BAY, INC.

FILED
May 13 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address						.m. 11441 1141 1141 1141 1141 1441
760-19TH AVENUE SOUTH ST. PETERSBURG FL 33705		760-19TH AVENUE SOUTH ST. PETERSBURG FL 33705		3. Date Incorporated or Qualified		
					05/26/1995 4. FEI Number	Applied For
					59-3247393	Not Applicable
2. Principal Place of Business 2a. Mailing Address						\$8.75 Additional
28					5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00 May Be	
22					Trust Fund Contribution	Added to Fees
City & State	ity & State Chy & State			7. Is this nonprofit corporation a homeowners association?		
23 Zip	Country	Zip	Country		8. This corporation owes or has paid the curr	
24	25	- <del> </del>	30			Yes X No
	9. Name and Address of Current				10. Name and Address of New Registered A	igent
			61	Name		
Blue, Jeanie			82	Street Add	fress (P.O. Box Number is Not Acceptable)	
760-19TH AVENUE SOUTH						
ST. PETERSBURG FL 33705			63			
			84	City	El	85 Zip Code
11 Oursuppt	to the provisions of Sections 617.0503	and 617 1508 Florida Statute	s the shows	named cor	rooration submits this statement for the purpose of	changing its registered
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 ager	t and title if applicable. (NOTE	Registered Agen	it signatura requ	ired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	MILLS, CLARENCE		1.2 NAME			
STREET ADDRESS	2902 W. LEMON ST.		1.3 STREET			
CITY-ST-ZNP	TAMPA FL VPD	DELETE	1.4 CITY - ST 2.1 TITLE	- ZIP		☐ Change ☐ Addition
TITLE NAME	CALLOWAY, MARY		2.1 IIILE 2.2 NAME			C similar
STREET ADDRESS	800-15TH STREET SOUTH		2.3 STREET	INDERES.		
CITY-ST-ZIP	ST. PETERSBURG FL 33711		2.4 CITY-ST			
TITLE	SD X DELETE		3.1 TITLE		SD	☐ Change ☐ Addition
NAME	MACK, ROSE		3.2 NAME		——————————————————————————————————————	**
STREET ADORESS	1880 LAKEWOOD DRIVE SOU	TH .	S.3 STREET	NOTICES A	Helen Townsend-Watts 4926 4th Avenue S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712		3.4. CHY-S		St. Petersburg, FL 337	
TITLE	TD	☐ DELETE	4.1 TITLE		-,	Change Addition
NAME	GREEN, SUE A		4. 2 NAME			!
STREET ADDRESS	1744-17TH AVE. S. ST. PETERSBURG FL		4.3 STREET			:
CITY-ST-ZIP TITLE	PD PD	☐ DELETE	4.4 CITY-ST 5.1 TITLE	- ZIP		☐ Change ☐ Addition
NAME	PRICE, NADINE		5.2 NAME			
STREET ADORESS	803-28TH AVENUE SOUTH		5.3 STREET	ADDRESS		
CITY-ST-ZIP	ST. PETERSSBURG FL 33705		5.4 City-St			
TITLE	ED	☐ DELETE	6.1 TITLE			Change Addition
NAME	BLUE, JEANIE		62 NAME			
STREET ADDRESS	760-19TH AVENUE SOUTH		6.3 STREET	ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33705		6.4 CITY-ST			of Dead Land
14. I 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.						

IGNATURE: Prairie Blue Blue Director 4/16/9