

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90147 027 ****61.25

DOCUMENT # N95000002512

1. Corporation Name

JUNETEENTH OF TAMPA BAY, INC.

Principal Place of Business

**760-19TH AVENUE SOUTH
ST. PETERSBURG FL 33705**

Mailing Address

**760-19TH AVENUE SOUTH
ST. PETERSBURG FL 33705**

431296 - 90147 - 27



2. Principal Place of Business

21
Suite, Apt. #, etc.

23
City & State

24 Zip **25** Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

05/26/1995

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

9. Name and Address of Current Registered Agent

**BLUE, JEANIE
760-19TH AVENUE SOUTH
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

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME MILLS, CLARENCE
STREET ADDRESS 2902 W. LEMON ST.
CITY-STATE-ZIP TAMPA FL

TITLE VPD ☐ DELETE
NAME CALLOWAY, MARY
STREET ADDRESS 800-15TH STREET SOUTH
CITY-STATE-ZIP ST. PETERSBURG FL 33711

TITLE SD ☐ DELETE
NAME TOWNSEND, WATTS H
STREET ADDRESS 4926 4TH VE S
CITY-STATE-ZIP ST PETE FL 33702

TITLE TD ☒ DELETE
NAME GREEN, SUE A
STREET ADDRESS 1744-17TH AVE. S.
CITY-STATE-ZIP ST. PETERSBURG FL

TITLE PD ☐ DELETE
NAME PRICE, NADINE
STREET ADDRESS 803-28TH AVENUE SOUTH
CITY-STATE-ZIP ST. PETERSBURG FL 33705

TITLE ED ☐ DELETE
NAME BLUE, JEANIE
STREET ADDRESS 760-19TH AVENUE SOUTH
CITY-STATE-ZIP ST. PETERSBURG FL 33705

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

TD
Janice L. Starling
3600 27th Avenue S.
St. Petersburg, FL 33711

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janice L. Starling* **RECEIVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-99 727-821-3833

CR2E037 (11/98)

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