

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002512

FILED
Apr 26, 2005
Secretary of State

Entity Name: JUNETEENTH OF TAMPA BAY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3247393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUE, JEANIE
760-19TH AVENUE SOUTH
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLS, CLARENCE
Address: 2902 W. LEMON ST.
City-St-Zip: TAMPA, FL

Title: VPD () Delete
Name: CALLOWAY, MARY
Address: 800-15TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: SD () Delete
Name: TOWNSEND, WATTS H
Address: 4926 4TH VE S
City-St-Zip: ST PETE, FL 33702

Title: TD () Delete
Name: STARLING, JANICE L
Address: 3600 27TH AVENUE S
City-St-Zip: ST. PETERSBURG, FL 33711

Title: PD () Delete
Name: PRICE, NADINE
Address: 803-28TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: ED () Delete
Name: BLUE, JEANIE
Address: 760-19TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANIE BLUE

ED

04/26/2005

Electronic Signature of Signing Officer or Director

Date