

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
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90133 048 ****61.25

DOCUMENT # N95000003428

1. Corporation Name

GREATER WOODLAWN NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

2220-12TH ST. NORTH
ST. PETERSBURG FL 33704

Mailing Address

2220-12TH ST. NORTH
ST. PETERSBURG FL 33704



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 30

3. Date Incorporated or Qualified

07/10/1995

4. FEI Number

59-3316653

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

PALOZZI, MICHAEL
2220-12TH ST., NORTH
ST. PETERSBURG FL 33704

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

TITLE D
NAME LAIRD, KEITH
STREET ADDRESS 1161 23RD AVE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ DELETE

TITLE PD
NAME PALOZZI, MIKE
STREET ADDRESS 2220-12TH ST., NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ DELETE

TITLE TD
NAME ROBERTS, PEGGY
STREET ADDRESS 2617-14TH ST. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ DELETE

TITLE SD
NAME SAFKO, LISA
STREET ADDRESS 1119-25TH AVE
CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ DELETE

TITLE VD
NAME CONLEY, RANDALL
STREET ADDRESS 2210 12TH ST., NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ DELETE

TITLE WHIPPLE, JON D
NAME 2700 11TH ST N
STREET ADDRESS ST PETERSBURG FL
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jon Whipple WHIPPLE 1-15-97 722-896-6021

CR2E037 (11/98)