

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90004 044 ****61.25

DOCUMENT # N96000000537 1. Entity Name SATURDAY IN THE CITY, INC.					
Principal Place of Business 133 N. FT. HARRISON CLEARWATER, FL 33755 US			Mailing Address 133 N. FT. HARRISON CLEARWATER, FL 33755 US		
2. Principal Place of Business 301 Hilcrest Dr. N. Suite, Apt. #, etc.		3. Mailing Address 301 Hillcrest Dr. N Suite, Apt. #, etc.			
City & State Clearwater, FL		City & State Clearwater, FL		4. FEI Number 59-3442890	
Zip 33765		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINTERS, ELISE K 133 N. FT. HARRISON CLEARWATER, FL 33755			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARVEY, RITA 1550 RIDGEWOOD ST CLEARWATER, FL 33755 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILKINSON, LINDA 323 MEADOW LARK LN CLEARWATER, FL 33759 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Lulu Carran 746 Lantan Avenue Clearwater, FL 33767 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, PATRICIA D 301 HILCREST DR. N CLEARWATER, FL 33755 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Lynda Wilkinson 100 Hampton Road, Apt. 261 Clearwater, FL 33759 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BALISTRERI, EDIE 5701 38TH AVE N SAINT PETERSBURG, FL 33710 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/PR Sue Osborne 13497 - 99th Avenue N. Seminole, FL 33776 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Patricia D. Fernandez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6/1/04 Date Daytime Phone #		

PATRICIA D. FERNANDEZ