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Aug 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000832 (3)

1. Corporation Name

THE DOME DISTRICT BUSINESS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1750 CENTRAL AVE
ST PETERSBURG FL 33712

1750 CENTRAL AVE
ST PETERSBURG FL 33712-1342

3. Date Incorporated or Qualified
02/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3443388

☒ Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BONSEY, RICHARD
1750 CENTRAL AVE
ST PETERSBURG FL 33712

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SCANLAN, WILLIAM J
STREET ADDRESS 1720 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33712

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

TITLE VD
NAME WARREN, JOHN
STREET ADDRESS 1124 CENTRAL AVE.
CITY-ST-ZIP ST PETERSBURG FL 33705

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

TITLE SD
NAME DOWNS, BETTIE L
STREET ADDRESS 6177 6TH AVE. N.
CITY-ST-ZIP ST PETERSBURG FL 33710

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

TITLE TD
NAME HAMM, CHARLES
STREET ADDRESS 20 18TH ST S
CITY-ST-ZIP ST PETERSBURG FL 33712

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

TITLE D
NAME UPCHURCH, DONALD
STREET ADDRESS 1756 CENTRAL AVE.
CITY-ST-ZIP ST PETERSBURG FL 33172

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

TITLE D
NAME FERGUSON, MARK
STREET ADDRESS 1320 CENTRAL AVE.
CITY-ST-ZIP ST PETERSBURG FL 33705

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

14. I do 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 as an attachment with an address.

SIGNATURE: [Signature]

Aug 12 1997 8:00am

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