

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000832 (3)**

1. Corporation Name  
**THE DOME DISTRICT BUSINESS ASSOCIATION, INC.**



Principal Place of Business <b>1750 CENTRAL AVE ST PETERSBURG FL 33712</b>	Mailing Address <b>1750 CENTRAL AVE ST PETERSBURG FL 33712</b>
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3. Date Incorporated or Qualified <b>02/16/1996</b>
4. FEI Number <b>59-3443388</b>
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BONSEY, RICHARD**  
**1750 CENTRAL AVE**  
**ST PETERSBURG FL 33712**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
FL	B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCANLAN, WILLIAM J	
STREET ADDRESS	1720 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WARREN, JOHN	
STREET ADDRESS	1124 CENTRAL AVE.	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOWNS, BETTIE L	
STREET ADDRESS	6177 6TH AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAMM, CHARLES	
STREET ADDRESS	20 18TH ST S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	UPCHURCH, DONALD	
STREET ADDRESS	1756 CENTRAL AVE.	
CITY-ST-ZIP	ST PETERSBURG FL 33172	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERGUSON, MARK	
STREET ADDRESS	1320 CENTRAL AVE.	
CITY-ST-ZIP	ST PETERSBURG FL 33705	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: William J. Scanlan William J. Scanlan 4/30/98 (813) 526-3966  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051702

CR2E037 (10/97)