2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90075 017 ****61.25

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1. Entity Name
ST. PETERSBURG WEST CHARITIES, INC.

50031234

Principal Place of Business	Mailing Address
4699 CENTRAL AVE ST PETERSBURG, FL 33713	4699 CENTRAL AVE ST PETERSBURG, FL 33713

01172005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3370019
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUGGAR, ROLFE D
4699 CENTRAL AVE
ST PETERSBURG, FL

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SLOSBERG, PAUL W
STREET ADDRESS	6301 D PELICAN CREEK CROSSING
CITY-ST-ZIP	ST PETERSBURG, FL 33711
TITLE	D
NAME	WILLIAMS, PAUL
STREET ADDRESS	5623 97 WAY NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	D P
NAME	DUGGAR, ROLFE D
STREET ADDRESS	1324 PARK STREET NO
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	TD
NAME	KADAU, MARIA
STREET ADDRESS	1200 45TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	DS
NAME	Michetti, Al
STREET ADDRESS	3725 65th Way N
CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	DT
NAME	Floyd, Lawrence
STREET ADDRESS	3172 Tyrone Blvd
CITY-ST-ZIP	St Petersburg FL 33710

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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: Lawrence Floyd TREASURER 3/10/05 (727) 897-9510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LAWRENCE FLOYD