

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90030 044 ****61.25

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1. Entity Name

ST. PETERSBURG WEST CHARITIES, INC.



Principal Place of Business

**4699 CENTRAL AVE
ST PETERSBURG, FL 33713**

Mailing Address

**4699 CENTRAL AVE
ST PETERSBURG, FL 33713**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-NP

CR2E037 (11/05)

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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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DS**
NAME **MICHEFFI, AL**
STREET ADDRESS **2728 65TH WAY N.**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33710**

TITLE **DT**
NAME **FLOYD, LAWRENCE**
STREET ADDRESS **2172 TYRONE BLVD**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33710**

TITLE **D**
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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/06 (727) 3281944