

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90503 013 \*\*\*\*70.00

**DOCUMENT # N97000000840**

1. Entity Name

**ST. PETERSBURG ECONOMIC OPPORTUNITIES  
UNLIMITED, INC.**



Principal Place of Business

P. O. BOX 17033  
ST. PETERSBURG FL 33733

Mailing Address

PO BOX 17033  
ST. PETERSBURG FL 33733  
US

**44036688**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3427351**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARPENTER, ALONZA  
6822 17TH ST SOUTH  
SAINT PETERSBURG FL 33712**

Name **ALONZA CARPENTER**

Street Address (P.O. Box Number is Not Acceptable)  
**2310 18TH AVE SOUTH**

City **ST PETERSBURG,**

**FL**

Zip Code **33712**

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

*Alonza Carpenter*

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

(NOTE: Registered Agent signature required when reinstating)

**04-21-04**

DATE

**FILE NOW: 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

TITLE **DPS** ☐ Delete  
NAME **CARPENTER, ALONZA**  
STREET ADDRESS **1480 YALE ST SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **DV** ☐ Delete  
NAME **WALKER, KATRINA D**  
STREET ADDRESS **4201 TROUT DR SE**  
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **DT** ☐ Delete  
NAME **MOBLEY, ROBIN**  
STREET ADDRESS **1535 27TH ST SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CARPENTER, ALONZA (DPS)** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **P.O. Box 17033**  
CITY-ST-ZIP **ST PETERSBURG, FL 33733**

TITLE **DV** ☒ Change ☐ Addition  
NAME **WALKER, KATRINA D**  
STREET ADDRESS **P.O. Box 17033**  
CITY-ST-ZIP **ST PETERSBURG, FL 33733**

TITLE **DT** ☒ Change ☐ Addition  
NAME **MOBLEY, ROBIN**  
STREET ADDRESS **P.O. Box 17033**  
CITY-ST-ZIP **ST PETERSBURG, FL 33733**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Alonza Carpenter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-21-04**

Date

**727 244-5482**

Daytime Phone #