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**May 10, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000005851**

1. Corporation Name

**EUCLID/ST. PAUL'S NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

1240 15 AVE NO  
 NO ST PETERSBURG FL 33704

Mailing Address

1240 15 AVE NO  
 NO ST PETERSBURG FL 33704



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/16/1997

4. FEI Number

59-3427167

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

PHIPPS, SUSAN R  
 1240 15 AVE NO  
 NO ST PETERSBURG FL 33704

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD  DELETE  
 NAME SIMINSKI, VIVIAN  
 STREET ADDRESS 1086 18 AVE  
 CITY-ST-ZIP NO ST PETERSBURG FL 33704

TITLE PD  DELETE  
 NAME PHIPPS, SUSAN R  
 STREET ADDRESS 1240 15 AVE  
 CITY-ST-ZIP NO ST PETERSBURG FL 33704

TITLE D  DELETE  
 NAME DAVIS, LEILA  
 STREET ADDRESS 1000 15 AVE  
 CITY-ST-ZIP NO ST PETERSBURG FL 33704

TITLE VD  DELETE  
 NAME SIMON, RAOUL  
 STREET ADDRESS 925 15TH AVE N  
 CITY-ST-ZIP ST PETE FL 33704

TITLE TD  DELETE  
 NAME HEINICKE, REBECCA  
 STREET ADDRESS 1074 22ND AVE N  
 CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

SUSAN R PHIPPS REGISTERED AGENT

4/29/99

727-821-2974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)