


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90006 020 ****61.25

DOCUMENT # N97000005851			
1. Entity Name EUCLID/ST. PAUL'S NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 1432 13TH ST N ST PETERSBURG, FL 33704		Mailing Address 1432 13TH ST N ST PETERSBURG, FL 33704	
2. Principal Place of Business 1211 16th Ave N Suite, Apt. #, etc.		3. Mailing Address 1211 16th Ave N Suite, Apt. #, etc.	
City & State St. Petersburg FL		City & State St. Petersburg FL	
Zip 33704		Zip 33704	
Country		Country	
4. FEI Number 59-3427167		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, RON 1432 13TH ST N ST PETERSBURG, FL 33704		7. Name and Address of New Registered Agent Name JoAnn Murphy Street Address (P.O. Box Number is Not Acceptable) 1211 16th Ave N City St. Petersburg FL Zip Code 33704	
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 <u>JoAnn Murphy</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>2/12/04</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, RON 1432 13TH ST N SAINT PETERSBURG, FL 33704 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JoAnn Murphy 1211 16th Ave N St. Petersburg FL 33704 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMON, RAOUL 925 15TH AVE N ST PETE, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHOWERMAN, JENNIFER 1111 9TH AVE. NORTH SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURTON, GREG 1095 15TH AVE. N. SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1025 16th Ave N St. Petersburg, FL 33704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>JoAnn Murphy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>2/12/04</u> <small>DATE</small>	
		<small>Daytime Phone #</small>	