

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000000273

1. Corporation Name

PRESERVE OUR PARKS (ST. PETERSBURG), INC.

Principal Place of Business

7963 23 AVENUE NORTH
ST. PETERSBURG FL 33710

Mailing Address

7963 23 AVENUE NORTH
ST. PETERSBURG FL 33710

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4427 Central Ave.		26 4427 Central Ave.		01/20/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		N/A	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 St. Petersburg FL		28 St. Petersburg, FL			
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33713 25 USA		29 33713 30 USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
BRUNETTE, DEAN 7693 23 AVENUE NORTH ST. PETERSBURG FL 33710				81 Name					
				82 Street Address (P.O. Box Number is Not Acceptable)					
				216 Mirror Lake Dr. N.					
				83					
84 City				St. Petersburg		FL		85 Zip Code	
								33701	

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 A. Wade James 10/19/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE President/Reg. Agt. <input checked="" type="checkbox"/> DELETE				1.1 TITLE President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Dean Brunette				1.2 NAME John Orphanidys			
STREET ADDRESS 7693 23 Ave. N.				1.3 STREET ADDRESS 4427 Central Ave.			
CITY-ST-ZIP St. Petersburg, FL 33710				1.4 CITY-ST-ZIP St. Petersburg, FL 33713			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME				2.2 NAME Robin Greuninger			
STREET ADDRESS				2.3 STREET ADDRESS 8021 36 Ave. N.			
CITY-ST-ZIP				2.4 CITY-ST-ZIP St. Petersburg, FL 33710			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME				3.2 NAME Susan Deins			
STREET ADDRESS				3.3 STREET ADDRESS 2436 Boca Ciega Dr. N.			
CITY-ST-ZIP				3.4 CITY-ST-ZIP St. Petersburg, FL 33710			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: John Orphanidys 10/19/99 (727) 323-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)