

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003246**

1. Entity Name  
**GREAT ARTS SOCIETY, INC.**



Principal Place of Business

**4629 12TH AVE. NORTH  
ST. PETERSBURG, FL 33713**

Mailing Address

**4629 12TH AVE. NORTH  
ST. PETERSBURG, FL 33713**



04292004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3537320**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WEISS, WILLIAM  
4629 12TH AVE. NORTH  
ST. PETERSBURG, FL 33713**

**DO NOT WRITE  
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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000145319  
05/03/04-80021-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WEISS, WILLIAM
STREET ADDRESS	4629 12TH AVE. NORTH
CITY - ST - ZIP	ST. PETERSBURG, FL 33713
TITLE	DST
NAME	YENCHA, FRANCINE
STREET ADDRESS	124 9TH AVE N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33710
TITLE	DV
NAME	SHEVTSOV-PRONSKY, MICHAEL
STREET ADDRESS	841 7TH ST N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701
TITLE	T
NAME	MARRS, PATRICIA
STREET ADDRESS	4129 26TH ST. N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33714
TITLE	AVP
NAME	WEAVER, JAMES
STREET ADDRESS	2963 1/2 4TH AVE. N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33713
TITLE	A
NAME	MEAGHER, LOIS
STREET ADDRESS	4833 14TH AVE N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33713

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William Weiss* **W. William Weiss** 4/29/04 (727) 327-7277