

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

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90005 004 ****70.00

DOCUMENT # N99000000374

1. Entity Name

**ST. PETERSBURG AREA BLACK CHAMBER OF COMMERCE
INC.**



Principal Place of Business

**1950 1ST AVENUE NORTH
SUITE 212
ST. PETERSBURG FL 33713
US**

Mailing Address

**1950 1ST AVENUE NORTH
SUITE 212
ST. PETERSBURG FL 33713
US**

24078697



MOORE CR2E037 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3553939

Applied For

Not Applicable

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

**BROWN, CHRISTINA
1950 1ST AVENUE NORTH
SUITE 212
ST. PETERSBURG FL 33713**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Christina Brown

Christina Brown

8/2/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	CARMENA, DAVID	
STREET ADDRESS	1309 HORSEMINT LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	
TITLE	VCO	<input checked="" type="checkbox"/> Delete
NAME	PRUITT, CRYSTAL	
STREET ADDRESS	3813 MANATEE DRIVE SE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, FLORAN	
STREET ADDRESS	1714 WEST CASS ST.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCINTOSH, BARRY	
STREET ADDRESS	2500 SE ML KING ST SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPEIGHTS, LISA	
STREET ADDRESS	1955 1ST AVE NO #101	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARAMOURE, RONDA	
STREET ADDRESS	714 CALIENTE DR	
CITY-ST-ZIP	BRANDON FL 33511	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Carmena	
STREET ADDRESS	1309 Horsemint Lane	
CITY-ST-ZIP	Zephyrhills, FL 33543	
TITLE	VCO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Colass	
STREET ADDRESS	5815 Tanagerlake Road	
CITY-ST-ZIP	Lithia, FL 33547	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Ware	
STREET ADDRESS	401 East Jackson Street, Suite 1000	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meroy Sullivan	
STREET ADDRESS	1400 Channelside Drive	
CITY-ST-ZIP	Tampa, FL 33605	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Speights	
STREET ADDRESS	1955 1st Ave. No. #101	
CITY-ST-ZIP	Saint Petersburg, FL 33713	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tangela Murph	
STREET ADDRESS	4301 34th St. South, #102	
CITY-ST-ZIP	St. Petersburg, FL 33711	

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:

Christina Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/2/04 (727) 822-1203