2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005734

Title:

Name:

Address:

City-St-Zip:

Entity Name: ST. PETE CHESS CLUB CORPORATION

FILED Jan 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 540 4TH AVENUE N ST. PETERSBURG, FL 33701 **Current Mailing Address: New Mailing Address:** 701 MIRROR LAKE DR N #122 SAINT PETERSBURG, FL 33701 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHERMAN, ANDREW SCHERMAN, ANDREW MR 701 MIRROR LAKE DR N #122 701 MIRROR LAKE DR N #122 SAINT PETERSBURG, FL 33701 US SAINT PETERSBURG, FL 33701 US 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. SIGNATURE: ANDREW SCHERMAN 01/18/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SCHERMAN, ANDREW Name: Name: 540 4TH AVE N Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: Title: () Delete Title: () Change () Addition DRUTOWSKI, DIANE Name: Name: Address: 540 4TH AVE N Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: Title: () Delete Title: () Change () Addition SANDERS, GARY Name: Name: Address: 540 4TH AVE N Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CANTRELL, GILBERT Name: Address: 540 4TH AVE N Address: SAINT PETERSBURG, FL 33701 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANDREW SCHERMAN PRES 01/18/2008

() Delete

SAINT PETERSBURG, FL 33701

LOUTCHCHIK, TARAS

540 4TH AVE N

() Change () Addition