

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 SEP 10 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N99000006689*

1. Entity Name

Generations Homeschool Yearbook



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4737 12th Ave N

Suite, Apt. #, etc.

3. Mailing Address

4737 12th Ave N

Suite, Apt. #, etc.

City & State

St Petersburg FL

Zip
33713

Country

City & State

St Petersburg FL

Zip
33713

Country

4. FEI Number

593608199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Cynthia S Fetting*

Street Address (P.O. Box Number is Not Acceptable)
4737 12th Avenue North

City *St Petersburg*

FL

Zip Code
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

Cynthia S Fetting

Treasurer

4-29-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE *President*
NAME *Julie Daniel - D*
STREET ADDRESS *1500 77th Avenue North*
CITY-ST-ZIP *St Petersburg, FL 33702*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400022893674
*09/09/03--01098--007 **297.50*

TITLE *Vice President*
NAME *Laura Carroll*
STREET ADDRESS *6043 Gulfport Blvd South*
CITY-ST-ZIP *Gulfport FL 33707*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Secretary*
NAME *Kathy LaChance - D*
STREET ADDRESS *8248 Eagles Park Drive North*
CITY-ST-ZIP *St Petersburg, FL 33709*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Treasurer*
NAME *Cynthia Fetting - D*
STREET ADDRESS *4737 12th Avenue North*
CITY-ST-ZIP *St Petersburg FL 33713*

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Julie Daniel* *Julie Daniel*

4-29-03 *727-528-391*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037B (12/02)