## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000102821

STREET ADDRESS

CITY-ST-ZIP

360 CENTRAL AVE

ST PETERSBURG, FL 33701



Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90089 031 \*\*\*150.00

**FILED** 

1. Entity Nan GILCHRI CENTER	ST EXECUTIVE RETREAT	AND CONFERENCE	Ξ				04-19-2000	J000J 02	,1 130	.00	
360 CENTRAL AVE		Mailing Address 360 CENTRAL AVE ST PETERSBURG, FL 33701									
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02272006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State		4	I. FEI Numbe				oplied For		
Zip	Country Zip C		Coun	Country		59-361 6. Certificate	of Status Desired		\$8.75 Add		
	6. Name and Address of Current I	Pagistared Agent	interned Amont			7. Name and Address of New			Fee Required		
	v. name and Address of Cuffert.	registered Agent		Name	······'	. Hanne and	MULICOS UL INEM	negistered i	nyem		
HAIRE, N	ANCY C										
360 CENT				Street Ac	ddress (P.C	). Box Numbe	er is Not Acceptab	le)			
SAINT PE	TERSBURG, FL 33701		***************************************								
				City			- 14/11	FL	Žip Cod	le	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	register	ed office or	registered	agent, or bot	h, in the State of F	lorida. I am	familiar with,	and accept	
the obliga	mons of registered agent.										
SIGNATURE.	Signature, typed or printed name of registered agent a	OO Little it applicable (NOT	E. Donietare	d Agent signatu	ira coquirad whe	on rejectation)		DATE			
	organization, types or printed matric or registered agent a	TO the II applicable. (1401)	L. Hogistere	a Agent signatu	are required with	or remistating)		DATE			
	.E NOW!!! FEE IS \$150.00 lay 1, 2006 Fee will be \$550.0	9. Election Campa Trust Fund Cont	-	ncing		May Be to Fees					
10.	OFFICERS AND I	DIDECTORS	11.			ADDITIONS (	CHANGES TO OF	EICEDS AND	NORCTOR	C INI 41	
TITLE	D OFFICERS AND I	Delete Delete	TITL	. 1	s	ADDITIONS!	CHANGES TO UF	FICERS AINL	☐ Change	Addition	
NAME .	MENKE, ROBERT M	- Delete	NAM	1	_	te, Joh	ın T.		Onlinge	₩ Vanitoti	
STREET ADDRESS	360 CENTRAL AVE		STRE	ET ADDRESS		Centra					
CITY-ST-ZIP	ST PETERSBURG, FL 33701		CITY	-ST-ZIP	St.	St. Petersburg, FL 33701					
TITLE	DP	☐ Delete	TITL	- 1	VP				☐ Change	■ Addition	
NAME	MEEHAN, DAVID K		NAM				l, Leiza				
STREET ADDRESS CITY-ST-ZIP	360 CENTRAL AVE ST PETERSBURG, FL 33701			ET ADDRESS - ST-ZIP		Centra					
TITLE	AS	□ Delete	TITL		St.	Peters	burg, FL	33/01	☐ Change	Addition	
NAME	HAIRE, NANCY C	□ Delete	NAM	1	Mar	tz, B.	Bradford		Change	Addition	
STREET ADDRESS	360 CENTRAL AVE		STRE	ET ADDRESS		Centra					
CITY-ST-ZIP	ST PETERSBURG, FL 33701		CITY	- ST- ZIP	St.	Peters	burg, FL	33701			
TITLE	DTS	🙇 Delete	TITL		32				☐ Change	■ Addition	
NAME	HUSSEMANN, EDWIN C		NAM	l l	77						
STREET ADDRESS CITY-ST-ZIP	360 CENTRAL AVE ST PETERSBURG, FL 33701			ET ADDRESS -ST-ZIP							
TITLE	SVP	□ Delete	-	<del></del>					☐ Change	☐ Addition	
NAME	COLLINS, KENNETH W	☐ Delete	TITE								
STREET ADDRESS	360 CENTRAL AVE			ET ADDRESS							
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY	-ST-ZIP							
TITLE	EVP	☐ Delete	TITLI						Change	☐ Addition	
NAME	BRUBAKER, RICHARD M		NAM	ь I							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 607, 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _	Tauce	0>	pue	Nancy	, C.	Haire	3/8/2006	727 823-4000
	SIGNATURE AND TYPED O	AR PRINTED NAME C	F SIGNING OFFICER OR DIR	ECTOR			Date	Davlime Phone #