

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730197

**FILED**  
**Jan 10, 2021**  
**Secretary of State**  
**9628411412CC**

**Entity Name:** HISTORIC OLD NORTHEAST NEIGHBORHOOD ASSOCIATION OF ST. PETERSBURG, INC.

**Current Principal Place of Business:**

C/O CHARLEEN MCGRATH, TREASURER  
376 18TH AVE NE  
ST PETERSBURG, FL 33704

**Current Mailing Address:**

P O BOX 76324  
ST PETERSBURG, FL 33734 US

**FEI Number: 23-7405683**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCGRATH, CHARLEEN TREASURER  
376 18TH AVE NE  
ST PETERSBURG, FL 33704 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: CHARLEEN MCGRATH**

**01/10/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JOHNSON, JOHN  
Address        117 6TH AVE NE  
City-State-Zip: SAINT PETERSBURG FL 33701

Title            VP  
Name            WOLFE, KIMBERLEY  
Address        600 1ST ST N,  
City-State-Zip: ST PETERSBURG FL 33701

Title            SECRETARY  
Name            DELOZIER, BEN  
Address        405 19TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33704

Title            TREASURER  
Name            MCGRATH, CHARLEEN  
Address        376 18TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33704

Title            DIRECTOR  
Name            BROSHEARS, ANNA  
Address        226 17TH AVE NE  
City-State-Zip: ST. PETERSBURG FL 33704

Title            DIRECTOR  
Name            CABRAL, APRIL  
Address        206 17TH AVE NE  
City-State-Zip: ST. PETERSBURG FL 33704

Title            DIRECTOR  
Name            CHEVALIER, ANGELA  
Address        325 16TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33704

Title            DIRECTOR  
Name            DEVICENTE, NATALIE  
Address        229 18TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33704

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: CHARLEEN MCGRATH**

**TREASURER**

**01/10/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name O'DOWD, DOUGLAS  
Address 326 21ST AVE NE  
City-State-Zip: ST PETERSBURG FL 33704

Title DIRECTOR  
Name STRETCH, ANDREW  
Address 305 8TH AVE N  
City-State-Zip: ST PETERBURG FL 33701

Title DIRECTOR  
Name REED, ROBIN  
Address 705 16TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33704

Title DIRECTOR  
Name WALLENS, ERIC  
Address 720 16TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33704