

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730197

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

**FILED**  
**Jan 29, 2024**  
**Secretary of State**  
**7001913611CC**

**Current Principal Place of Business:**

C/O KERRY CONVERSE, TREASURER  
311 28TH AVE N  
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:**

CONVERSE, KERRY TREASURER  
C/O KERRY CONVERSE, TREASURER  
311 28TH AVE N  
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: KERRY CONVERSE**

**01/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           BELL, NICK  
Address        106 14TH AVE NE  
City-State-Zip: SAINT PETERSBURG FL 33701

Title           SECRETARY  
Name           CONRAD, SARAH  
Address        156 17TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33704

Title           TREASURER  
Name           CONVERSE, KERRY  
Address        311 28TH AVE N  
City-State-Zip: ST PETERSBURG FL 33704

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

Title           DIRECTOR  
Name           JORDAN, ONNIE  
Address        145 11TH AVE NE  
City-State-Zip: ST PETERBURG FL 33701

Title           DIRECTOR  
Name           KRAMER, MONIQUE  
Address        175 21ST AVE N  
City-State-Zip: ST. PETERSBURG FL 33704

*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: KERRY CONVERSE**

**TREASURER**

**01/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date