2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001140

Entity Name: ROTARY CLUB OF ST. PETERSBURG, INC

Current Principal Place of Business:

800 2ND AVE., S., STE 390 ST PETERSBURG, FL 33701

Current Mailing Address:

800 2ND AVE., S., STE 390 ST PETERSBURG, FL 33701

FEI Number: 59-0428468 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMPSON, JAMES BJR. 150 2ND AVENUE N **SUITE 1500**

ST. 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:

Electronic Signature of Registered Agent

Date

FILED Feb 26, 2014

Secretary of State

CC9708090546

Officer/Director Detail:

Title **SECRETARY** Title **PRESIDENT**

Name ROMIG. LEE F Name HERNANDEZ, MITCH Address 800 2ND AVE., S., STE 390 Address 800 2ND AVE., S., STE 390 ST PETERSBURG FL 33701 City-State-Zip: City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR Title

JILLIAN, DOYLE Name Name THOMAS, BOND

Address 800 2ND AVE., S., STE 390 Address 800 2ND AVE., S., STE 390 ST PETERSBURG FL 33701 City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip:

Title DIRECTOR Title **TREASURER**

MONTSHO, RASHID A Name WILLIAMS, M. ELIZABETH Name 800 2ND AVE., S., STE 390 Address Address 800 2ND AVE., S., STE 390 City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR Title DIRECTOR

Name FAYKUS, PRESTON Name SHARP, COVINGTON Address 800 2ND AVE., S., STE 390 Address 800 2ND AVE., S., STE 390

ST PETERSBURG FL 33701 City-State-Zip: City-State-Zip: ST PETERSBURG FL 33701

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.

02/26/2014 SIGNATURE: LEE F. ROMIG **SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title OFFICER

Name KLASSEN, DON

Address 800 2ND AVE., S., STE 390 City-State-Zip: ST PETERSBURG FL 33701