

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010027

**Entity Name:** KEEP ST PETE LIT, INC.

**Current Principal Place of Business:**

865 9TH AVE S.  
APT 4  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

PO BOX 10416  
ST PETERSBURG, FL 33733 US

**FEI Number:** 46-3441769

**Certificate of Status Desired:** No

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

MCDOLE, MAUREEN  
865 9TH AVE S.  
APT 4  
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

**Officer/Director Detail :**

Title	P, CEO
Name	MCDOLE, MAUREEN L
Address	865 9TH AVE S. APT 4
City-State-Zip:	ST PETERSBURG FL 33701
Title	S
Name	WALKER , COURTNEY
Address	415 21ST ST. N.
City-State-Zip:	ST. PETERSBURG FL 33713

Title	VP
Name	MCDOLE, KATHLEEN H
Address	865 9TH AVE S. APT 1
City-State-Zip:	ST. PETERSBURG FL 33701
Title	TREASURER
Name	MCDOLE, KATHLEEN
Address	865 9TH AVE S. APT 1
City-State-Zip:	ST. PETERSBURG FL 33701

*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:** MAUREEN MCDOLE

**PRESIDENT/EXECUTIVE DIRECTOR**      04/28/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date