2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002004

Entity Name: VICTORIA'S PLACE ST. PETE, INC.

Current Principal Place of Business:

1011 1ST AVENUE N

ST. PETERSBURG, FL 33705

Current Mailing Address:

POST OFFICE BOX 414

ST. PETERSBURG. FL 33731-0414

FEI Number: 46-5053521 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HELLER, SAMUEL J HELLER LAW, PLLC 695 CENTRAL AVENUE

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: SAMUEL J. HELLER 03/06/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **CHAIRMAN** Title CEO

MCDEVITT. NICK Name Name FORSYTHE, LARIANA Address 1011 1ST AVENUE N Address 1011 1ST AVE N

ST PETERSBURG FL 33705 City-State-Zip: City-State-Zip: ST. PETERSBURG FL 33705

Title **CFO** Title **SECRETARY**

FOREY, MINDY Name Name ALBERDI, DEBI

Address 1011 1ST AVENUE N Address 1011 1ST AVENUE N

ST. PETERSBURG FL 33705 City-State-Zip: ST. PETERSBURG FL 33705 City-State-Zip:

Title **TREASURER** Title **DIRECTOR**

WESLEY, RITA Name Name ROBINSON, PATTY

Address 1011 1ST AVENUE N Address 1011 1ST AVENUE N

City-State-Zip: ST. PETERSBURG FL 33705 City-State-Zip: ST. PETERSBURG FL 33705

Title VC

Name RENDLEMAN, LINDA Address 1011 1ST AVENUE N

ST. PETERSBURG FL 33705 City-State-Zip:

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.

03/06/2023 SIGNATURE: MINDY FOREY **CFO**

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 06, 2023

Secretary of State

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