

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708525 (1)

1. Corporation Name

SOUTH PINELLAS COMMUNITY COUNCIL, INC.



Principal Place of Business

Mailing Address

5482-104TH WAY NO.
SEMINOLE FL 34642

5482-104TH WAY NO.
SEMINOLE FL 34642

3. Date Incorporated or Qualified
02/23/1965

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JORDAN, ARGEL E
12041-70TH AVE NO
SEMINOLE FL 34642**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0504, Florida Statutes.

SIGNATURE

Argel E. Jordan

Feb. 1, 1996

Signature of person entitled to file this report with the State if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JUDD, KENNETH	
STREET ADDRESS	5482 104 WAY NO.	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCKEON, TOM	
STREET ADDRESS	11122 137TH ST., N.	
CITY - ST - ZIP	LARGO FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KIRCHHOFFER, ROBERT	
STREET ADDRESS	14220 PASSAGE WAY	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	YATES, WILLIAM	
STREET ADDRESS	11655 GROVE STREET N.	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JORDAN, ARGEL	
STREET ADDRESS	12041 70TH AVE N	
CITY - ST - ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	000001746370
1.4 CITY - ST - ZIP	--03/18/96--01027--016
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	**\$61.25
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP
3.3 STREET ADDRESS	HEAP, JIM
3.4 CITY - ST - ZIP	10085 ASHLEY DRIVE
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SEMINOLE, FL
4.3 STREET ADDRESS	S D
4.4 CITY - ST - ZIP	SERRILL, PATRICIA
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	12110 66th AVE. N.
5.3 STREET ADDRESS	SEMINOLE, FL.
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

CW
3/15/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Argel E. Jordan (Argel E. Jordan)

2-1-96

(813) 398-2942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)