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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 33772-7425

3. Date Incorporated or Qualified 02/23/1965
3a. Date of Last Report 03/16/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 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
JORDAN, ARGEL E
12041-70TH AVE NO
SEMINOLE FL 34642
10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 617.0503, Florida Statutes.
SIGNATURE Kenneth Judd 10 Jan 1997
Signature, typed or printed name of registered agent and title 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	1.1 TITLE	
NAME	JUDD, KENNETH	1.2 NAME	
STREET ADDRESS	5482 104 WAY NO.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	1.4 CITY - ST - ZIP	
	VP	2.1 TITLE	
NAME	MCKEON, TOM	2.2 NAME	
STREET ADDRESS	11122 137TH ST., N.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	
NAME	HEAP, JIM	3.2 NAME	
STREET ADDRESS	10085 ASHLEY DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	
NAME	SERRILL, PATRICIA	4.2 NAME	
STREET ADDRESS	12110 66TH AVE. N.	4.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	4.4 CITY - ST - ZIP	
TITLE	TD	5.1 TITLE	
NAME	JORDAN, ARGEL	5.2 NAME	
STREET ADDRESS	12041 70TH AVE N	5.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: KENNETH JUDD Kenneth Judd 9 Jan 97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051675

CR2E037 (9/96)