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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708525 (1)
 1. Corporation Name
SOUTH PINELLAS COMMUNITY COUNCIL, INC.



Principal Place of Business 5482-104TH WAY NO. SEMINOLE FL 34642	Mailing Address 5482-104TH WAY NO. SEMINOLE FL 34642
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3. Date Incorporated or Qualified 02/23/1965	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

JORDAN ARGEL E
12041 70TH AVE NO
SEMINOLE FL 34642

MARVIN KURSON
507 BOCA CIEGA PNT BLVD N
ST PETERSBURG, FL
33708

10. Name and Address of New Registered Agent

81 Name **MARVIN KURSON**

82 Street Address (P.O. Box Number is Not Acceptable)
507 BOCA CIEGA PNT BLVD N

83 **ST PETERSBURG**

84 City **FL** **85 Zip Code** **33708**

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 *Marvin Kurson* DATE **JAN 31, 1998**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE JUDD, KENNETH	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JUDD, KENNETH		1.2 NAME ALBERT STRUMBLE	
STREET ADDRESS 5482 104 WAY NO.		1.3 STREET ADDRESS 8781 LEDNA ST N	
CITY-ST-ZIP SEMINOLE FL		1.4 CITY-ST-ZIP SEMINOLE FL 33772	
TITLE SEC	<input type="checkbox"/> DELETE	2.1 TITLE SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCKEON, TOM		2.2 NAME MCKEON, TOM	
STREET ADDRESS 11122 137TH ST., N.		2.3 STREET ADDRESS	
CITY-ST-ZIP LARGO FL		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEAP, JIM		3.2 NAME JIM BURNSGAARD	
STREET ADDRESS 10085 ASHLEY DRIVE		3.3 STREET ADDRESS 6500 114TH ST N	
CITY-ST-ZIP SEMINOLE FL		3.4 CITY-ST-ZIP SEMINOLE, FL 33772	
TITLE SS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SERRILL, PATRICIA		4.2 NAME PATULA, NANCY	
STREET ADDRESS 12110 66TH AVE. N.		4.3 STREET ADDRESS 11748 103RD ST N	
CITY-ST-ZIP SEMINOLE FL		4.4 CITY-ST-ZIP SEMINOLE FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JORDAN ARGEL		5.2 NAME MARVIN KURSON	
STREET ADDRESS 12041 70TH AVE N		5.3 STREET ADDRESS 507 BOCA CIEGA PNT BLVD N	
CITY-ST-ZIP SEMINOLE FL		5.4 CITY-ST-ZIP ST. PETERSBURG FL	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME ROBERT RUBUSH	
STREET ADDRESS		6.3 STREET ADDRESS 10031 OAKHURST RD.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP SEMINOLE, FL 33776	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Marvin Kurson* DATE: **JAN 31, 1998** (813) 391-8891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)