# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 710601

1. Entity Name
GREATER PINELLAS COUNTY FLORIDA CHAPTER OF SPEBSQSA, INC

FILED
08 AUG 22 PM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 1772 ARABIAN LANE<br>PALM HARBOR, FL 34685 US | 3450 55TH ST NO<br>ST PETERSBURG, FL 33710 US |

08172008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 2617 Cove Cay DR | 2617 Cove Cay Dr |
| Suite, Apt. #, etc.<br>APT 605 | Suite, Apt. #, etc.<br>AP 605 |
| City & State<br>CLEARWATER FL | City & State<br>CLEARWATER FL |
| Zip 33760 Country PINELLAS | Zip 33760 Country PINELLAS |

4. FEI Number 59-6169786 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| THOMAS, JERRY<br>1772 ARABIAN LANE<br>PALM HARBOR, FL 34685 | Name HERBERT L. JAMES<br>Street Address (P.O. Box Number is Not Acceptable) 2617 COVE CAY DRIVE<br>APT 605<br>City CLEARWATER FL Zip Code 33760 |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Herbert L James AUG 18, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ROAN, JOE<br>251 DUNBRIDGE DR.<br>PALM HARBOR, FL 34684 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>700134837587<br>08/22/08--01024--001 **61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>LUBIN, LANCE<br>6135 8TH AVE N<br>SAINT PETERSBURG, FL 33710 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>THOMAS, JERRY<br>1772 ARABIAN LANE<br>PALM HARBOR, FL 34685 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HERBERT L. JAMES<br>2617 COVE CAY DR. APT 605<br>CLEARWATER FL 33760<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>STOFFEL, THOMAS<br>225 COUNTRY CLUB DR 1612<br>LARGO, FL 33771 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>HALL, CLYDE<br>2025 MAC ARTHUR CT<br>DUNEDIN, FL 34698 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>LARGO, DONALD P<br>3154 CLOVERPLANE DR<br>PALM HARBOR, FL 34684 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Herbert L James AUGUST 18, 2008 727.536.6698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/22 aw