

FILE NOW: FILING FEE AFTER MAY 1 IS \$125.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 23 PM 12:55

DOCUMENT # 717850 (2)
1. Corporation Name
PINELLAS PARK ART SOCIETY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 5795 PARK BLVD. PINELLAS PARK FL 34665		Mailing Address 5795 PARK BLVD. PINELLAS PARK FL 34665		3. Date Incorporated or Qualified 01/09/1970	3a. Date of Last Report 03/04/1994
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2181390	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HETHERLY, SALLY 7628 54TH ST. N. PINELLAS PARK FL 34665				10. Name and Address of New Registered Agent	
				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
				B3	
				B4 City	FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **SALLY HETHERLY, PRESIDENT**
Sally Hetherly March 17, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: For signed Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HETHERLY, SALLY	1.2 NAME			
STREET ADDRESS	7690 54TH ST. N.	1.3 STREET ADDRESS			
CITY- ST- ZIP	PINELLAS PARK FL 34665	1.4 CITY- ST- ZIP			
TITLE	V	2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIELS, STEVE	2.2 NAME	DANIELS, STEVE		
STREET ADDRESS	11606 SWMINOLE BLVD.	2.3 STREET ADDRESS	11384 103rd LANE, NORTH		
CITY- ST- ZIP	LARGO FL 34648	2.4 CITY- ST- ZIP	LARGO, FL 34643		
TITLE	S	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURTON, ELEANOR	3.2 NAME			
STREET ADDRESS	8885 56TH ST. N.	3.3 STREET ADDRESS			
CITY- ST- ZIP	PINELLAS PARK FL 34668	3.4 CITY- ST- ZIP			
TITLE	S	4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAFFT, MARGARET	4.2 NAME	KEEGAN, IRENE		
STREET ADDRESS	4301 55TH WAY N.	4.3 STREET ADDRESS	2560 62nd AVENUE, NORTH		
CITY- ST- ZIP	ST. PETERSBURG FL 33709	4.4 CITY- ST- ZIP	ST. PETERSBURG, FL 33702	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	T	5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TATE, BERTHA	5.2 NAME	DORMAN, BILLIE JEAN		
STREET ADDRESS	8523 101TH AVE. N.	5.3 STREET ADDRESS	9724 MAINLANDS BLVD. E		
CITY- ST- ZIP	SEMINOLE FL 34647	5.4 CITY- ST- ZIP	PINELLAS PARK, FL 34668	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	T	6.1 TITLE	Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, LINLEY	6.2 NAME	BURGESS, THERESA		
STREET ADDRESS	4700 69TH ST. N.	6.3 STREET ADDRESS	5251 92nd TERR., NORTH		
CITY- ST- ZIP	ST. PETERSBURG FL 33709	6.4 CITY- ST- ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 607.0830, 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 and title have the same legal effect as if made under oath, that I am an officer or director of the corporation or the recorder or inspector empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SALLY HETHERLY**
Sally Hetherly 3/6/95 546-2625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (IF DIRECTOR) Date (Typed Name)