

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 03, 1996 08:00 AM**  
**Secretary of State**

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



Principal Place of Business Mailing Address  
**5795 PARK BLVD. PINELLAS PARK FL 34665**      **5795 PARK BLVD. PINELLAS PARK FL 34665**

3. Date Incorporated or Qualified **01/09/1970**      3a. Date of Last Report **03/23/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-2181390</b>	<input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HETHERLY, SALLY**  
**7690 54TH ST. N.**  
**PINELLAS PARK FL 34665**

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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	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	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, STEVE	2.2 NAME	
STREET ADDRESS	11384 103 LANE N	2.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	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	3.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEGAN, IRENE	4.2 NAME	ELEANOR H. ADAMO
STREET ADDRESS	2560 N 62 AVE	4.3 STREET ADDRESS	5865 37th Ave. N. #20
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33710
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORMAN, BILLIE JEAN	5.2 NAME	
STREET ADDRESS	9724 MAINLANDS BLVD E	5.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL	5.4 CITY - ST - ZIP	
TITLE	TR <input type="checkbox"/> DELETE	6.1 TITLE	500001768805 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, THERESA	6.2 NAME	-04/04/96--01012--014
STREET ADDRESS	5251 N 92 TERR	6.3 STREET ADDRESS	***61.25
CITY - ST - ZIP	PINELLAS PARK FL	6.4 CITY - ST - ZIP	24.3

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: Sally Hetherly      3/27/96      (813) 546-2625  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)