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**Jan 24 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 # 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 33781-3332**

3. Date Incorporated or Qualified **01/09/1970** 3a. Date of Last Report **04/03/1996**

21	2. Principal Place of Business	2a	2a. Mailing Address	4	FEI Number 59-2181390	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country	29	Country	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				10. Name and Address of New Registered Agent			
HETHERLY, SALLY 7690 54TH ST. N. PINELLAS PARK FL 34665				81	Name LORELLE BACON		
				82	Street Address (P.O. Box Number is Not Acceptable) 3553 - 100th PLACE, NORTH		
				83	PINELLAS PARK,		
				84	City	85	Zip Code FL 33782

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 **LORELLE BACON** *Louelle Bacon* 1-13-97
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HETHERLY, SALLY	1.2 NAME	LORELLE BACON
STREET ADDRESS	7690 54TH ST. N.	1.3 STREET ADDRESS	3553 100th PLACE, NORTH
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	PINELLAS PARK, FL 33782
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	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, ELEANOR	3.2 NAME	JEANNIE SAUCIER
STREET ADDRESS	8885 58TH ST.N.	3.3 STREET ADDRESS	7634 61st STREET, NORTH APT. 5
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMO, ELEANOR	4.2 NAME	
STREET ADDRESS	5865 37TH AVE. N. #20	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORMAN, BILLIE JEAN	5.2 NAME	THOMAS AMMERMAN
STREET ADDRESS	9724 MAINLANDS BLVD E	5.3 STREET ADDRESS	13541 100th AVENUE, NORTH
CITY-ST-ZIP	PINELLAS PARK FL	5.4 CITY-ST-ZIP	SEMINOLE, FL 34646
TITLE	TR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, THERESA	6.2 NAME	
STREET ADDRESS	5251 N 92 TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	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: *Louelle Bacon* 1-13-97 (813) 573-6081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052140

CR2E037 (9/96)