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Feb 04 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 # 717850 (2)

1. Corporation Name
PINELLAS PARK ART SOCIETY, INC.

Principal Place of Business 5795 PARK BLVD. PINELLAS PARK FL 34665	Mailing Address 5795 PARK BLVD. PINELLAS PARK FL 34665
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3. Date Incorporated or Qualified 01/09/1970	
4. FEI Number 59-2181390	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

LORELLE BACON
3553-100TH PLACE, NORTH
PINELLAS PARK FL 33782

10. Name and Address of New Registered Agent

81 Name	Cheryl Anne Day
82 Street Address (P.O. Box Number is Not Acceptable)	6166 9th Avenue North
83 City	St. Petersburg Florida 33710-6204
84 State	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 Cheryl Anne Day DATE Jan 12-1998

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LORELLE BACON	
STREET ADDRESS	3553 100TH PLACE, NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DANIELS, STEVE	
STREET ADDRESS	11384 103 LANE N	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JEANNIE SAUCIER	
STREET ADDRESS	7634 61ST ST., NORTH APT. 5	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	ADAMO, ELEANOR	Same
STREET ADDRESS	5865 37TH AVE. N. #20	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS AMMERMAN	
STREET ADDRESS	13541 100TH AVE., NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	BURGESS, THERESA	Same
STREET ADDRESS	5251 N 92 TERR	
CITY-ST-ZIP	PINELLAS PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cheryl Anne Day	
1.3 STREET ADDRESS	6166 9th Avenue North	
1.4 CITY-ST-ZIP	St Petersburg Florida 33710	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeannie Saucier	
2.3 STREET ADDRESS	5090 89 Terr North	
2.4 CITY-ST-ZIP	Pinellas Park Florida 33782	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Eleanor Pence	
3.3 STREET ADDRESS	7050 Sunset Dr. S #816	
3.4 CITY-ST-ZIP	South Pasadena Fl 33709	
4.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Eleanor Adamo	
4.3 STREET ADDRESS	5865 37 Ave North #20	
4.4 CITY-ST-ZIP	St. Petersburg Florida 33710	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ardena Ferguson	
5.3 STREET ADDRESS	7660 54 Street North	
5.4 CITY-ST-ZIP	Pinellas Park Florida 33781	
6.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Theresa Burgess	
6.3 STREET ADDRESS	5251 N 92 Terr	
6.4 CITY-ST-ZIP	Pinellas Park Florida 33782	

14. I 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: Cheryl Anne Day **REQUIRED** DATE: January 12-1998 **384-2771**

CR2E037 (10/97)