

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

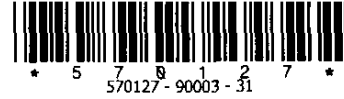
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717850**

1. Corporation Name  
**PINELLAS PARK ART SOCIETY, INC.**

Principal Place of Business 5795 PARK BLVD. PINELLAS PARK FL 34685	Mailing Address 5795 PARK BLVD. PINELLAS PARK FL 33781
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/09/1970
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2181390
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHERYL ANNE DAY 6166 9TH AVE. N. ST. PETERSBURG FL 33710	81 Name NANCY HODGES 82 Street Address (P.O. Box Number is Not Acceptable) 6825 38th St. N. 83 84 City PINELLAS PARK FL 85 Zip Code 33781

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 *Nancy Hodges* DATE 4/28/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CHERYL ANNE DAY	1.2 NAME	NANCY HODGES
STREET ADDRESS	6166 9TH AVE. N.	1.3 STREET ADDRESS	6825 38th St. N.
CITY-ST-ZIP	ST. PETERSBURG FL 33710	1.4 CITY-ST-ZIP	PINELLAS PARK, FL. 33781
TITLE	VD	2.1 TITLE	VD
NAME	JEANNIE SAUCIER	2.2 NAME	STEVE DANIELS
STREET ADDRESS	5090 89TH TER. N.	2.3 STREET ADDRESS	4597 HURON RD.
CITY-ST-ZIP	PINELLAS PARK FL 33782	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709
TITLE	SD	3.1 TITLE	SD
NAME	ELEANOR PENCE	3.2 NAME	RUTH LOWRY
STREET ADDRESS	7050 SUNSET DR. S #818	3.3 STREET ADDRESS	7801 11TH ST N. #102
CITY-ST-ZIP	S. PASADENA FL 33709	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33702
TITLE	TR	4.1 TITLE	
NAME	ELEANOR, ADAMO	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	5.1 TITLE	
NAME	ARDENA FERGUSON	5.2 NAME	
STREET ADDRESS	7680 54TH ST. N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	5.4 CITY-ST-ZIP	
TITLE	TR	6.1 TITLE	
NAME	BURGESS, THERESA	6.2 NAME	
STREET ADDRESS	5251 N 92 TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33782	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *L. Burgess* SIGNATURE REQUIRED DATE 4/28/99 OFFICE PHONE # 727/525-2153x222

CR2E037 (1/98)