

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717850

FILED
Apr 08, 2009
Secretary of State

Entity Name: PINELLAS PARK ART SOCIETY, INC.

Current Principal Place of Business:

5851-A PARK BLVD
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3106
PINELLAS PARK, FL 337803106 US

New Mailing Address:

FEI Number: 59-2181390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGES, NANCY
6825 38TH ST N
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HODGES, NANCY
Address: 6825 38TH ST N
City-St-Zip: PINELLAS PARK, FL 33781

Title: VD () Delete
Name: DANIELS, STEVE
Address: 4597 HURON RD
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: SD () Delete
Name: BOUSEMAN, PAULA
Address: 5133 68TH LANE M
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: TR () Delete
Name: ELEANOR, ADAMO
Address: 5865 37TH AVE. N. #20
City-St-Zip: ST. PETERSBURG, FL 33710

Title: TD () Delete
Name: LOWRY, RUTH
Address: 7801 11TH ST. N. #102
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: TR () Delete
Name: BURGESS, THERESA
Address: 5251 N 92 TERR
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: ANNIE, DWYER
Address: P.O. BOX 60295
City-St-Zip: ST. PETERSBURG, FL 337840295

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: JEANINE, TALLEY
Address: 6304 92 PLACE NORTH #2803
City-St-Zip: PINELLAS PARK, FL 33782

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH LOWRY

TD

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date