FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **742593** **(7)**

1. Corporation Name

PINELLAS GEOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
PO BOX 6263 CLEARWATER FL 34625 US	P.O. BOX 6263 CLEARWATER FL 34625

3. Date Incorporated or Qualified: **04/27/1978**

3a. Date of Last Report: **02/13/1995**

2. Principal Place of Business
21 Same as above
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 P.O Box 6263
Suite, Apt. #, etc. 27
City & State 28 Clearwater FL
Zip 29 34625 Country 30 Pinellas

4. FEI Number: **58-1272609** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILSON, RICHARD A.
1011 REGENT AVE.
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name: Richard A. Wilson
82 Street Address (P.O. Box Number is Not Acceptable): 1011 Regent Ave.
83
84 City: Clearwater **FL** 85 Zip Code: 34624

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: Richard A. Wilson — 3/27/96
Signature, typed or printed name of registered agent and title if agent is an entity (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUSH, JEAN		1.2 NAME		
STREET ADDRESS	4288 41ST AVE N		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARKS, GLORIA E.		2.2 NAME		
STREET ADDRESS	8 HIGHLAND AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROUBIK, ELAINE L.		3.2 NAME		
STREET ADDRESS	347 RANCH RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAZELDON, BARBARA		4.2 NAME		
STREET ADDRESS	4823 14TH AVE N		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ABEL, MARY C		5.2 NAME		
STREET ADDRESS	2617 COVE CAY DR., #206		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, RICHARD A.		6.2 NAME		
STREET ADDRESS	1011 REGENT AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Richard A. Wilson — Richard A. Wilson — 3/27/96 — 813-461-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #