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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742593

1. Corporation Name
PINELLAS GEOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
3046 IBIS COURT CLEARWATER FL 33762 US	P.O. BOX 6263 CLEARWATER FL 34618 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/27/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROBERTS, DON
3046 IBIS COURT
CLEARWATER FL 33762

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	PRES.	☑ Change ☐ Addition
NAME	BENHAM, TOM		1.2 NAME	HUGH SHEFFIELD	
STREET ADDRESS	1936 COBBLESTONE WAY		1.3 STREET ADDRESS	2440 SOUTHSHORE DRIVE S.E.	
CITY-ST-ZIP	CLEARWATER FL 34620		1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	V	☑ DELETE	2.1 TITLE	V.P.	☑ Change ☐ Addition
NAME	BARRETT, KATHI		2.2 NAME	LEONA FLEDHOUSE	
STREET ADDRESS	11590 WALKER AVE.		2.3 STREET ADDRESS	2440 SOUTH SHORE DRIVE S.E.	
CITY-ST-ZIP	SEMINOLE FL 34642		2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, ESTHER		3.2 NAME		
STREET ADDRESS	2351 IRISH LANE #29		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34623		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, DON		4.2 NAME		
STREET ADDRESS	3046 IBIS COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33762		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ABEL, MARY		5.2 NAME		
STREET ADDRESS	2617 COVE CAY DRIVE #206		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33760		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BLACK, SUE		6.2 NAME		
STREET ADDRESS	8136 22ND AVE., N.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33710		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: [signature] 2/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #