

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90022 036 ****70.00

DOCUMENT # 742593 1. Entity Name PINELLAS GEOLOGICAL SOCIETY, INC.					
Principal Place of Business 2440 SOUTHSORE DR SE SAINT PETERSBURG FL 33705-3331 US				Mailing Address PO BOX 1585 LARGO FL 33779-1585 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEFFIELD, HUGH 2440 SOUTHSORE DR SE SAINT PETERSBURG FL 33703-3331				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Hugh Sheffield</i></u> 3/25/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEFFIELD, LEONA 2440 SOUTH SHORE DR SE SAINT PETERSBURG FL 33705	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CAROLE SHELTON 6118 SCHONERWAY TAMPA, FLORIDA 33615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOTSON, DONNA 2419 GULF TO BAY, LOT# 817 CLEARWATER FL 33765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARTS, WALTER 2419 GULF TO BAY, LOT 817 CLEARWATER FL 33765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEFFIELD, HUGH 2440 SOUTHSORE DR SE SAINT PETERSBURG FL 33705	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRELSON, BRENDA 6125 CEDAR ST NE SAINT PETERSBURG FL 33703-1509	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUTHERLAND, ALAN 600 BARRY PLACE INDIAN ROCKS BEACH FL 33785	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY ABEL 2617 COVE LAY DRIVE, #206 CLEARWATER FLORIDA 33760	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Hugh Sheffield</i></u> HUGH SHEFFIELD 3/25/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					