

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008919

FILED
Feb 23, 2010
Secretary of State

Entity Name: PINELLAS PHARMACIST ASSOCIATION, INC.

Current Principal Place of Business:

HOSPICE CONFERENCE CENTER
58 ST. NO AT ROOSEVELT BLVD
LARGO, FL

New Principal Place of Business:

Current Mailing Address:

PO BOX 40243
ST PETERSBURG, FL 33743

New Mailing Address:

FEI Number: 59-3038781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JOHN B
3167 62 ST NO
SAINT PETERSBURG, FL 33710 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: P
Name: SUNELL, EVA
Address: P. O. BOX 40014
City-St-Zip: ST. PETERSBURG, FL 33743

Title: T
Name: MOORE, JOHN
Address: 3167 62 ST. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D
Name: MERADA, ROBERT
Address: 3126-65 WAY NO
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: S
Name: MEIGGS, BONNIE
Address: 12585 74TH AVE NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: D
Name: SALZER, LARRY J
Address: 8333 SEMINOLE BLVD. #241A
City-St-Zip: SEMINOLE, FL 33772

Title: D
Name: CONE, JOHN
Address: 10866 56 AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33708

I hereby 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 all other like empowered.

SIGNATURE: JOHN B. MOORE, R.PH

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02/23/2010

Electronic Signature of Signing Officer or Director

Date