


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N0600000241

1. Entity Name
PINELLAS ADVOCATES FOR CHILDREN AND FAMILIES, INC.



Principal Place of Business
C/O VIKKI YATES
9509 118TH LANE NORTH
SEMINOLE, FL 33772

Mailing Address
C/O VIKKI YATES
9509 118TH LANE NORTH
SEMINOLE, FL 33772

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01312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 75-3206942	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOHEN, BETTY
6818 STONE THROW CIRCLE
#12104
ST. PETERSBURG, FL 33710

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH CARRIE, SHARON 2469 ENTERPRISE ROAD CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCH BOHEN, BETTY 6818 STONE THROW CIRCLE #12104 ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YATES, VIKKI 9509 118TH LANE N SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLIS, JAMILLER 10600 4TH ST. NORTH - APT 406 ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/12/08-80084-002 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Carrie Sharon* 1-31-08 727-463-9825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #