2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N08000006696

Entity Name: PINELLAS TRADITIONS INTERGROUP OF OVEREATERS ANONYMOUS, INC.

Current Principal Place of Business:

65 VERBENA STREET
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

PO BOX 6202
CLEARWATER, FL 33758

New Mailing Address:

FEI Number: 26-3027867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORAN, STEPHANIE
65 VERBENA STREET
CLEARWATER, FL 33767 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: C ( ) Delete
Name: CORNACCHIA, KAREN
Address: 1001 STARKEY RD #456
City-St-Zip: LARGO, FL 33771

Title: VC ( ) Delete
Name: MCLEAN, LINDA
Address: 815 IRIS AVE
City-St-Zip: LARGO, FL 33777

Title: T ( ) Delete
Name: DORANN, STEPHANIE
Address: 65 VERBENA ST
City-St-Zip: CLEARWATER, FL 33767

Title: DS ( ) Delete
Name: HARTMAN, LINDA
Address: 10845 SHAWNEE RD
City-St-Zip: MADERIA BEACH, FL 33708

Title: DS ( ) Delete
Name: MORGAN, BETSEY
Address: 1612 PALMWOOD DR
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: DORAN, STEPHANIE
Address: 65 VERBENA ST
City-St-Zip: CLEARWATER, FL 33767

Title: DS (X) Change ( ) Addition
Name: HARTMANN, LINDA
Address: 10845 SHAWNEE RD
City-St-Zip: MADERIA BEACH, FL 33708

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEPHANIE DORAN T 02/11/2009

Electronic Signature of Signing Officer or Director — Date