

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001759 (0)**  
1. Corporation Name  
**PINELLAS COUNTY BAIL BOND ASSOCIATION, INC.**



Principal Place of Business: 14835 49TH STREET NORTH CLEARWATER FL 34622  
Mailing Address: 14835 49TH STREET NORTH CLEARWATER FL 34622

3. Date Incorporated or Qualified: **04/20/1993**  
3a. Date of Last Report: **02/07/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3201706</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**SMITH, MARTI**  
14835 49TH STREET NORTH  
CLEARWATER FL 34622

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOPCZYNSKI, FRANK</b>	1.2 NAME	<b>ESTES, ALBERT (AL) SR.</b>
STREET ADDRESS	<b>14805 49TH ST. NO., #3</b>	1.3 STREET ADDRESS	<b>13790 49th STREET N.</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34622</b>	1.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34622</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ESTES, ALBERT (AL) SR</b>	2.2 NAME	<b>SMITH, FRAN</b>
STREET ADDRESS	<b>13790 49TH STREET NO.</b>	2.3 STREET ADDRESS	<b>13710 49th STREET N.</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34622</b>	2.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34622</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, MARTI</b>	3.2 NAME	<b>SMITH, MARTI</b>
STREET ADDRESS	<b>14835 49TH STREET NO.</b>	3.3 STREET ADDRESS	<b>14835 49th Street N.</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34622</b>	3.4 CITY-ST-ZIP	<b>Clearwater, FL 34622</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>600001748276</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-03/19/96--01017--001</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***61.25</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Marti Smith* Marti Smith 3-4-96 813-535-5515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPE037 (12/95)