


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001759

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
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2. Principal Place of Business 21 5560 Roosevelt Blvd. Suite, Apt. #, etc. 22	2a. Mailing Address 26 5560 Roosevelt Blvd. Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 04/20/1993	4. FEI Number 59-3201706 Applied For <input type="checkbox"/> Not Applicable
23 Clearwater, FL City & State 24 33760 Zip 25 USA Country	28 Clearwater, FL City & State 29 33760 Zip 30 USA Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional -Fee Required -	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DUNN, DAWN E.
 14835 49TH STREET NORTH
 CLEARWATER FL 33762

10. Name and Address of New Registered Agent

81 Name Cindy Cornwell	82 Street Address (P.O. Box Number is Not Acceptable) 5560 Roosevelt Blvd.	83 City Clearwater, FL 33760	84 City Clearwater	85 Zip Code FL 33760
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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 *Cindy Cornwell* Cindy I. Cornwell TD 4/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOPCZYNSKI, FRANK	
STREET ADDRESS	14605 49TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ESTES, ALBERT (AL) SR	
STREET ADDRESS	13790 49TH STREET NO.	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUNN, DAWN E.	
STREET ADDRESS	14835 49TH STREET NO.	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CORNWELL, CINDY	
STREET ADDRESS	5560 ROOSEVELT BLVD	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Estes, Albert, SR.	
1.3 STREET ADDRESS	13790 49th Street North	
1.4 CITY-ST-ZIP	Clearwater, FL 33762	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stines Judith K.	
2.3 STREET ADDRESS	5560 Roosevelt Blvd.	
2.4 CITY-ST-ZIP	Clearwater, FL 33760	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Beil, William	
3.3 STREET ADDRESS	3899 Ulmerton Road Ste.B	
3.4 CITY-ST-ZIP	Clearwater, FL 33762	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cornwell, Cindy	
4.3 STREET ADDRESS	5560 Roosevelt Blvd.	
4.4 CITY-ST-ZIP	Clearwater, FL 33760	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Cindy Cornwell* SIGNATURE REQUIRED April 6, 1999 727-446-3773
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)