


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State


04-25-2005 90217 025 ****78.75

DOCUMENT # N93000001759 1. Entity Name PINELLAS COUNTY BAIL BOND ASSOCIATION, INC.	
---	---

Principal Place of Business 5560 ROOSEVELT BLVD. STE 4 CLEARWATER, FL 33760	Mailing Address 5560 ROOSEVELT BLVD. STE 4 CLEARWATER, FL 33760
--	--

DO NOT WRITE IN THIS SPACE

40092976



04162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3201706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORNWELL, CINDY
 5560 ROOSEVELT BLVD.
 CLEARWATER, FL 33762

DO NOT WRITE IN THIS SPACE

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 \$81.25
Due by May 4, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ESTES, ALBERT
STREET ADDRESS	13790 49TH STREET NO.
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	VD
NAME	PILVER, MICHAEL
STREET ADDRESS	13790 49TH STREET NO.
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	SD
NAME	STINES, JUDITH K
STREET ADDRESS	5560 ROOSEVELT BLVD
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	TD
NAME	CORNWELL, CINDY L
STREET ADDRESS	5560 ROOSEVELT BLVD
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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: *Judith K Stines* **JUDITH K STINES** **4/15/05** **727-536-1585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #