

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90109 003 \*\*\*\*70.00

**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**

**50013848**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3201706**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORNWELL, CINDY  
5560 ROOSEVELT BLVD.  
CLEARWATER, FL 33762**

7. Name and Address of New Registered Agent

Name **STINES, Judith K.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5560 ROOSEVELT BLVD.**  
City **Clearwater** FL **33760**

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

*Handwritten signature of Judith K. Stines*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/17/06**

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ESTES, ALBERT	
STREET ADDRESS	13790 49TH STREET NO.	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PILVER, MICHAEL	
STREET ADDRESS	13790 49TH STREET NO.	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STINES, JUDITH K	
STREET ADDRESS	5560 ROOSEVELT BLVD	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CORNWELL, CINDY L	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINES, Judith K.	
STREET ADDRESS	5560 ROOSEVELT BLVD.	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, FREDDIE	
STREET ADDRESS	14835 49TH ST. N.	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, MERSHAUN	
STREET ADDRESS	826 49TH ST. S.	
CITY-ST-ZIP	QUIPPO, FL	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JANICE	
STREET ADDRESS	5560 ROOSEVELT BLVD.	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Handwritten signature of Judith K. Stines*

**Judith K. Stines**

**4/17/06**

**727-536-1585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #