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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 # N98000000446

1. Corporation Name
PINELLAS WORKFORCE DEVELOPMENT BOARD, INC.

Principal Place of Business 13770 - 58TH STREET, NORTH CLEARWATER FL 34620	Mailing Address 13770 - 58TH STREET, NORTH CLEARWATER FL 34620
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 312 23 City & State 24 Zip 33760 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 312 28 City & State 29 Zip 33760 30 Country	3. Date Incorporated or Qualified 01/23/1998	4. FEI Number 59-3485629	Applied For Not Applicable
		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

BAPTIST, BRUCE
13770 - 58TH STREET, NORTH
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 312
84 City
85 FL Zip Code 33760

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 *Bruce Baptist* DATE 2-4-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CBD	<input type="checkbox"/> DELETE
NAME	WELCH, DAVID T	
STREET ADDRESS	1601 - 16TH STREET, SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RHOADS, SHARON C	
STREET ADDRESS	6551 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RICARDO, RONALD M	
STREET ADDRESS	13770 - 58TH STREET, NORTH	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	LANG, JOE	
STREET ADDRESS	669 1ST AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1401 Court Street
3.4 CITY-ST-ZIP	Clearwater, FL 33756
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Earnest Williams
4.3 STREET ADDRESS	616 4th Street North
4.4 CITY-ST-ZIP	St. Petersburg, FL 33701
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: *Bruce Baptist* **SIGNATURE REQUIRED** 02-04-99 727-524-4344

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

CR2E037 (1/98)