## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000004832

FILED Oct 31, 2008 Secretary of State

Entity Name: PINELLAS CORE MANAGEMENT SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4500 140TH AVE N. SUITE 220

CLEARWATER, FL 33762 US

**New Mailing Address: Current Mailing Address:** 

4500 140TH AVE N.

SUITE 220

CLEARWATER, FL 33762 US

FEI Number: 59-3647540 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LACKEY, ROY P ZINZOW, JUSTIN R 4500 140TH AVENUE N 4500 140TH AVENUE N

STE 220 STE 220 CLEARWATER, FL 33762 US CLEARWATER, FL 33762 US

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.

SIGNATURE: J MARTIN 10/31/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

ADAMS, MARGARET MINKOFF, ELISE Name: Name: 6399 142 AVE N #116 Address: 1635D ROYAL PALM DRIVE Address:

City-St-Zip: CLEARWATER, FL 33259 City-St-Zip: GULFPORT, FL 33707

Title: () Delete Title: SC (X) Change ( ) Addition

Name: QUINLIVAN, JAMES M Name: DABBS, ANNIE Address: 4255 56TH AVENUE N Address: 803 S DISSTON AVE City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Delete Title: ( ) Change (X) Addition

Name: ARENDALL, MICHAEL Name: 5205 13TH AVENUE S Address: Address: City-St-Zip: City-St-Zip: GULFPORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R P LACKEY ED 10/31/2008