

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90102 022 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N9900000 6275

1. Entity Name
Pinellas Ex-Offender Re-Entry Coalition, Inc.

Principal Place of Business Mailing Address
14605-49th St.N., #3
Clearwater, Florida 33762

2. Principal Place of Business 3. Mailing Address
14605-49th St.N. **Same**

Suite, Apt. #, etc. Suite, Apt. #, etc.
#3

City & State City & State
Clearwater, Florida

Zip Country Zip Country
33762 **USA**

4. FEI Number Applied For
59-3643636 Not Applicable

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

6. Name and Address of Current Registered Agent
Mark S. Hankins
501 Caligula Avenue
Coral Gables, Florida 33146

7. Name and Address of New Registered Agent
 Name **Frank Kopczynski**
 Street Address (P.O. Box Number is Not Acceptable)
14605-49th St.N., #3
 City **Clearwater** FL Zip Code **33762**

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.

SIGNATURE *Frank Kopczynski* DATE **5/17/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. Chair OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patti Harris <input type="checkbox"/> Delete 5050 Coquina Dr., S.E. St. Petersburg, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair <input type="checkbox"/> Delete Cheri Strachen 4140-49th St.N St. Petersburg, FL33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Delete Heidi Sumner P.O. Box 43022 St. Petersburg, FL33743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Delete Bill Griffiths 3491 Gandy Blvd., #100 Pinellas Park, FL33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Delete Eloy Salgado, Jr. U.S. District Ct 501 E. Polk St. #900, Tampa, FL33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Delete Janet Donagen 11351 Ulmerton Rd., #250 Largo, FL33778

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Felix Ruiz 1313 N.TPA St., #809 Tampa, FL33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Frank Kopczynski 14605-49th St. N., #3 Clearwater, Florida 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dr. Stella Pagano 2135 Sandpiper Dr. Clearwater, FL33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Patti Harris* DATE **5/17/00** DAYTIME PHONE # **727-530-0146**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)