


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006275					
1. Entity Name PINELLAS EX-OFFENDER RE-ENTRY COALITION, INC.					
Principal Place of Business 14605-49TH ST. N. #3 CLEARWATER, FL 33762			Mailing Address 14605-49TH ST. N. #3 CLEARWATER, FL 33762		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3643636	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLORIDA INCORPORATORS, INC. 14605-49TH ST. N. #3 CLEARWATER, FL 33762			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLISS, JOAN		NAME	U000000030043	
STREET ADDRESS	14605-49TH ST. N. #3		STREET ADDRESS	02/04/04-80094-002 61.25	
CITY - ST - ZIP	CLEARWATER, FL 33762		CITY - ST - ZIP		
TITLE	SD	Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOBBS, JACKIE		NAME		
STREET ADDRESS	14605-49TH ST. N. #3		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33762		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, MAC		NAME		
STREET ADDRESS	14605-49TH ST. N. #3		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33762		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOPCZYNSKI, FRANK		NAME		
STREET ADDRESS	14605-49TH ST. N. #3		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33762		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Frank Kopynski</i>			Date: 1/26/04		Daytime Phone #: 727-532-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #