

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2006
Secretary of State**

DOCUMENT# N99000006275

Entity Name: PINELLAS EX-OFFENDER RE-ENTRY COALITION, INC.

Current Principal Place of Business:

14605-49TH ST. N. #3
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

14605-49TH ST. N. #3
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 59-3643636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
14605-49TH ST. N. #3
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JALAZO, MICHAEL
Address: 14605-49TH ST. N. #3
City-St-Zip: CLEARWATER, FL 33762

Title: SD () Delete
Name: MONTERO, VILMA
Address: 14605-49TH ST. N. #3
City-St-Zip: CLEARWATER, FL 33762

Title: TD () Delete
Name: MERRITT, RAMONA
Address: 14605-49TH ST. N. #3
City-St-Zip: CLEARWATER, FL 33762

Title: PD () Delete
Name: KOPCZYNSKI, FRANK
Address: 14605-49TH ST. N. #3
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK KOPCZYNSKI

PD

01/04/2006

Electronic Signature of Signing Officer or Director

Date