

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 03, 2008  
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: PD ( ) Delete  
Name: KOPCZYNSKI, FRANK  
Address: 14605-49TH ST. N. #3  
City-St-Zip: CLEARWATER, FL 33762

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: ANDERSON, GAVIN  
Address: 14605-49TH ST. N. #3  
City-St-Zip: CLEARWATER, FL 33762

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

Title: SD ( ) Change (X) Addition  
Name: BEAUCHESNE, MICHELLE  
Address: 14605 49TH ST. N. #3  
City-St-Zip: CLEARWATER, FL 33762

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: FRANK KOPCZYNSKI

SD

01/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date