

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V43079 (5)**

1. Corporation Name

WELLINGTON SCHOOLS OF PINELLAS COUNTY, INC.



Principal Place of Business

Mailing Address

**8000 STARKEY ROAD
SEMINOLE FL 34647**

**8000 STARKEY ROAD
SEMINOLE FL 34647**

3. Date Incorporated or Qualified
06/12/1992

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PELOSI, LORRAINE M.
15540 GULF BLVD.
REDINGTON BEACH FL 33708**

81 Name

Deborah McCall

82 Street Address (P.O. Box Number is Not Acceptable)

One Beach Pl SE Ste 200

83

84 City

St Pete

FL

85

Zip Code

33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Deborah McCall

Signature, typed or printed name of registered agent and date of signature.

(Note: Registered Agent signature required when reappointing)

DATE

3/7/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETED
	DPT			<input type="checkbox"/>
	PELOSI, LORRAINE M.	8000 STARKEY ROAD	SEMINOLE FL	<input type="checkbox"/>
	DVS			<input checked="" type="checkbox"/>
	PELOSI, ANDREW	8000 STARKEY ROAD	SEMINOLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETED	Change	Addition
	P/D			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	S/T/D			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SUSAN BARAYBAR	8000 STARKEY ROAD	SEMINOLE, FL 34647	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan Baraybar, Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 (813) 397-4565
DATE DAY/STATE/PHONE #

CR2E034 (12/95)