

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715815

FILED
Apr 05, 2007
Secretary of State

Entity Name: THE PINELLAS ASSOCIATION FOR RETARDED CHILDREN

Current Principal Place of Business:

3190 TYRONE BLVD NORTH
ST PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

3190 TYRONE BLVD NORTH
ST PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 59-0791038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHHOLTZ, SUSAN M
3190 TYRONE BLVD NORTH
ST. PETERSBURG, FL 33710 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: P () Delete
Name: BUCHHOLTZ, SUSAN M
Address: 3190 TYRONE BLVD NORTH
City-St-Zip: ST. PETERSBURG, FL

Title: D () Delete
Name: LAPRADE, MARK
Address: 11 PARADISE LANE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: BRANSON, ERIC
Address: ONE PROGRESS PLAZA, STE 165
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D () Delete
Name: PUNZAK, DAVID
Address: ONE PROGRESS PLAZA 20TH FLOOR
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: CRAWFORD, BRUCE
Address: 7425 WATERSILK DR.
City-St-Zip: PINELLAS PARK, FL 34666

Title: D () Delete
Name: POWELL, PHILIP
Address: 262 4TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BYELICK, ROBERT
Address: 360 CENTRAL AVENUE 11TH FLOOR
City-St-Zip: ST. PETERSBURG, FL 33704

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

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

Title: D (X) Change () Addition
Name: JOHNNIE, GUEST
Address: 17960 GULF BOULEVARD #208
City-St-Zip: REDINGTON SHORES, FL 33708

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: SUSAN M BUCHHOLTZ

P

04/05/2007

Electronic Signature of Signing Officer or Director

Date