

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90031 044 ****61.25

DOCUMENT # 735730

1. Entity Name

PINELLAS COUNTY URBAN LEAGUE, INC.



Principal Place of Business

Mailing Address

333 31ST STREET NORTH
ST. PETERSBURG FL 33713

333 31ST STREET NORTH
ST. PETERSBURG FL 33713



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1665523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERMAN, LESSARD L JR-
333 31ST STREET NORTH
ST. PETERSBURG FL 33713

Name
James O. Simmons

Street Address (P.O. Box Number is Not Applicable)
333 31st Street North

City
St. Petersburg

FL

Zip Code
33713

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

James O. Simmons
James O. Simmons, President & CEO

3/30/07

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	WHITNEY, THOMAS E	
STREET ADDRESS	1711 SERPENTINE DR S	
CITY-STATE-ZIP	SAINT PETERSBURG FL 33712	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIMPSON, GAIL T	
STREET ADDRESS	100 CENTRAL AVE CX25	
CITY-STATE-ZIP	SAINT PETERSBURG FL 33701	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FEDER, ERIC	
STREET ADDRESS	701 6TH STREET SOUTH	
CITY-STATE-ZIP	SAINT PETERSBURG FL 33701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, RICARDO A	
STREET ADDRESS	3300 DR ML KING ST N	
CITY-STATE-ZIP	SAINT PETERSBURG FL 33704	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	LAFFERTY, WILLIAM L	
STREET ADDRESS	6800 N DALE MABRY HWY 158	
CITY-STATE-ZIP	TAMPA FL 33614	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMMONS, JAMES O	
STREET ADDRESS	333 31ST ST. N	
CITY-STATE-ZIP	ST. PETERSBURG FL 33713	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nesmith, Alvin C.	
STREET ADDRESS	1301 34th Street North	
CITY-STATE-ZIP	St. Petersburg, Florida 33713	
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	299 1st Avenue North, pes-164	
CITY-STATE-ZIP	St. Petersburg, Florida 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davis, Ricardo A.	
STREET ADDRESS	3300 Dr. M.L. King Street North	
CITY-STATE-ZIP	St. Petersburg, Florida 33704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

James O. Simmons
James O. Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

3/30/07

727 327-2081

Date

Daytime Phone #