

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001759

**FILED  
Jan 10, 2015  
Secretary of State  
CC5676012232**

**Entity Name:** PINELLAS COUNTY BAIL BOND ASSOCIATION, INC.

**Current Principal Place of Business:**

14605 49TH STREET NORTH  
SUITE #3  
CLEARWATER, FL 33762

**Current Mailing Address:**

14605 49TH STREET NORTH  
SUITE #3  
CLEARWATER, FL 33762

**FEI Number: 59-3201706**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KOPCZYNSKI, FRANK  
14605 49TH STREET NORTH  
SUITE #3  
CLEARWATER, FL 33762 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            KOPCZYNSKI, FRANK  
Address        14605 49TH STREET NORTH  
City-State-Zip: CLEARWATER FL 33762

Title            TREA  
Name            WILLIAMS, CRAIG  
Address        14605 49TH STREET NORTH  
City-State-Zip: CLEARWATER FL 33762

*I hereby 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 all other like empowered.*

**SIGNATURE: FRANK KOPCZYNSKI**

**CHAIR**

**01/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date