

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006275

FILED
Feb 14, 2019
Secretary of State
2305914819CC

Entity Name: PINELLAS EX-OFFENDER RE-ENTRY COALITION, INC.

Current Principal Place of Business:

12810 US HWY 19 N
CLEARWATER, FL 33764

Current Mailing Address:

12810 US HWY 19 N
CLEARWATER, FL 33764 US

FEI Number: 59-3643636

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JALAZO, MICHAEL
12810 US HWY 19 N
CLEARWATER, FL 33764 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 CEO
Name JALAZO, MICHAEL
Address 12810 US HWY 19 N
City-State-Zip: CLEARWATER FL 33764

Title BM
Name RIPPY, RICHARD
Address 4503 S CLARK AVE
City-State-Zip: TAMPA FL 33611

Title BM
Name BOURLON, LIBBY
Address 2560 1ST AVE S
City-State-Zip: SAINT PETERSBURG FL 33712

Title BM
Name SMITH, KIRK RAY
Address 1552 S MYRTLE AVE
City-State-Zip: CLEARWATER FL 33756

Title BM
Name DATES, JAMES
Address 4161 WHITING CIRCLE SE
City-State-Zip: SAINT PETERSBURG FL 33705

Title CHAIRMAN
Name WHITE, ZACHARY
Address 3042 HARVEST MOON DRIVE
City-State-Zip: PALM HARBOR FL 34683

Title BM
Name HARDY, BETTY
Address 4703 WES LOWELL AVE
City-State-Zip: TAMPA FL 33629

Title BM
Name CORRIVEAU, KIP
Address 1347 N MCMULLEN BOOTH ROAD
 UNIT 2
City-State-Zip: CLEARWATER FL 33759

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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: MICHAEL JALAZO

**CEO/EXECUTIVE
DIRECTOR**

02/14/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name RHODE, BARBARA
Address 4154 10TH AVENUE NORTH
City-State-Zip: SAINT PETERSBURG FL 33713

Title BM
Name GREER, TAMMY
Address 501 1ST AVE N
420
City-State-Zip: ST PETERSBURG FL 33701

Title BM
Name ADLER, CORY
Address 4819 8TH AVE NORTH
#209
City-State-Zip: SAINT PETERSBURG FL 33713

Title BM
Name HEID, TOMMY
Address 1085 16TH AVE S
City-State-Zip: ST. PETERSBURG FL 33705