

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006275

**FILED**  
**Feb 07, 2017**  
**Secretary of State**  
**CC8824547957**

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

**Current Principal Place of Business:**

6160 ULMERTON ROAD  
SUITE 10  
CLEARWATER, FL 33760

**Current Mailing Address:**

6160 ULMERTON ROAD  
SUITE 10  
CLEARWATER, FL 33760 US

**FEI Number:** 59-3643636

**Certificate of Status Desired:** No

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

JALAZO, MICHAEL  
6160 ULMERTON ROAD  
SUITE 10  
CLEARWATER, FL 33760 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	6160 ULMERTON ROAD SUITE 10
City-State-Zip:	CLEARWATER FL 33760
Title	BM
Name	HOLM, BOB
Address	468 42ND AVENUE N
City-State-Zip:	SAINT PETERSBURG FL 33703
Title	BM
Name	DATES, JAMES
Address	4161 WHITING CIRCLE SE
City-State-Zip:	SAINT PETERSBURG FL 33705
Title	BM
Name	HARDY, BETTY
Address	4703 WES LOWELL AVE
City-State-Zip:	TAMPA FL 33629

Title	BM
Name	RIPPY, RICHARD
Address	4503 S CLARK AVE
City-State-Zip:	TAMPA FL 33611
Title	BM
Name	BETHEL, EVELYN
Address	14320 APACHE AVENUE
City-State-Zip:	LARGO FL 33774
Title	CHAIRMAN
Name	WHITE, ZACHARY
Address	3042 HARVEST MOON DRIVE
City-State-Zip:	PALM HARBOR FL 34683
Title	BM
Name	CORRIVEAU, KIP
Address	1347 N MCMULLEN BOOTH ROAD UNIT 2
City-State-Zip:	CLEARWATER FL 33759

**Continues on page 2**

*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**

**02/07/2017**

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