2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006275

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

FILED Apr 14, 2021 **Secretary of State** 0806634651CC

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 Title ВМ

JALAZO, MICHAEL RIPPY, RICHARD Name Name 12810 US HWY 19 N 4503 S CLARK AVE Address Address City-State-Zip: **TAMPA FL 33611** CLEARWATER FL 33764 City-State-Zip:

Title BM Title **CHAIRMAN**

Name CORRIVEAU, KIP WHITE, ZACHARY Name

Address 1347 N MCMULLEN BOOTH ROAD Address 3042 HARVEST MOON DRIVE

UNIT 2

BM

Title

PALM HARBOR FL 34683 City-State-Zip: City-State-Zip: CLEARWATER FL 33759

Title BM

Name GREER. TAMMY Name HEID. TOMMY

501 1ST AVE N Address Address 1085 16TH AVE S 420

City-State-Zip: ST. PETERSBURG FL 33705 City-State-Zip: ST PETERSBURG FL 33701

Title ВМ Title BM

Name SPENCE, MATT Name MONAGHAN, BRIAN

Address 4702 TRANSPORT DRIVE Address 1221 DREW STREET

City-State-Zip: TAMPA FL 33605 City-State-Zip: CLEARWATER FL 33755

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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.

04/14/2021 SIGNATURE: MICHAEL JALAZO EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title BM

Name RILEY, JULIEN

Address 1601 16TH STREET S

City-State-Zip: ST. PETERSBURG FL 33705

Title BM

Name TAYLOR, MILLIE

Address 1519 16TH STREET S

City-State-Zip: ST PETERSBURG FL 33705

Title BM

Name JAMES, ROY

Address 4100 CENTRAL AVE

City-State-Zip: ST. PETERSBURG FL 33711