

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006275

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

**FILED**  
**Apr 29, 2022**  
**Secretary of State**  
**7180702848CC**

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

Title            BM  
Name            SPENCE, MATT  
Address        4702 TRANSPORT DRIVE  
City-State-Zip: TAMPA FL 33605

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            MCRAE, LEAH D  
Address        12810 US HIGHWAY 19 N,  
CLEARWATER FL  
City-State-Zip: CLEARWATER FL 33764

Title            BM  
Name            MURPHY, AUDIE  
Address        12810 US HWY 19 N  
City-State-Zip: CLEARWATER FL 33764

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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 DAVID JALAZO**

**EXECUTIVE DIRECTOR**

**04/29/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BM  
Name BUTLER, LADONNA  
Address 833 22ND STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

Title BM  
Name COUTURE, SARAH D  
Address 12810 US HIGHWAY 19 N, CLEARWATER FL  
City-State-Zip: CLEARWATER FL 33764

Title BM  
Name BARRETT, BETHANN D  
Address 12810 US HIGHWAY 19 N,  
CLEARWATER FL  
City-State-Zip: CLEARWATER FL 33764