

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 700044

1. Entity Name
**THE VETERANS LIAISON COUNCIL OF PINELLAS
COUNTY FLORIDA INCORPORATED**



Principal Place of Business
P.O. BOX 8415
SEMINOLE, FL 33775-8415

Mailing Address
P.O. BOX 8415
SEMINOLE, FL 33775-8415

DO NOT WRITE IN THIS SPACE



04182004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2819893

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FISHER, ROBERT W
1293 LINDENWOOD DRIVE
TARPON SPRINGS, FL 34689-7634

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000126335
04/23/04-80029-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLER, DAVID C
STREET ADDRESS	11106 112TH AVE. N.
CITY-ST-ZIP	LARGO, FL 33778
TITLE	V
NAME	EDWARDS, FRED
STREET ADDRESS	7879 SAIBOAT KEY BLVD.
CITY-ST-ZIP	SOUTH PASADENA, FL 33707
TITLE	V
NAME	FISHER, ROBERT W
STREET ADDRESS	1293 LINDENWOOD DR.
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D
NAME	EDWARDS, JACK
STREET ADDRESS	10346 127 AVE NORTH
CITY-ST-ZIP	LARGO, FL 33773
TITLE	D
NAME	LEWIS, HERB
STREET ADDRESS	545 LILLIAN DR.
CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE	D
NAME	RIZZO, ANTHONY R. II
STREET ADDRESS	5554 16TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David C. Miller **DAVID C. MILLER** 4/20/2004 727-3930518