

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700044

FILED
Apr 27, 2005
Secretary of State

Entity Name: THE VETERANS LIAISON COUNCIL OF PINELLAS COUNTY FLORIDA INCORPORATED

Current Principal Place of Business:

P.O. BOX 8415
SEMINOLE, FL 337758415

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8415
SEMINOLE, FL 337758415

New Mailing Address:

FEI Number: 59-2819893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, ROBERT W
1293 LINDENWOOD DRIVE
TARPON SPRINGS, FL 346897634 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, DAVID C
Address: 11106 112TH AVE. N.
City-St-Zip: LARGO, FL 33778

Title: V () Delete
Name: EDWARDS, FRED
Address: 7879 SAIBOAT KEY BLVD.
City-St-Zip: SOUTH PASADENA, FL 33707

Title: V () Delete
Name: FISHER, ROBERT W
Address: 1293 LINDENWOOD DR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: EDWARDS, JACK
Address: 10346 127 AVE NORTH
City-St-Zip: LARGO, FL 33773

Title: D () Delete
Name: LEWIS, HERB
Address: 545 LILLIAN DR.
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D () Delete
Name: RIZZO, ANTHONY R. II
Address: 5554 16TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: O'MEARA, MICHAEL
Address: 1200 S. MISSOURI AVENUE, #314
City-St-Zip: CLEARWATER, FL 33756

Title: V (X) Change () Addition
Name: WIGMORE, WIG
Address: 3221 CHANNING DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THOMPSON, ALAN
Address: 14189 CHAMBERLAIN AVENUE
City-St-Zip: LARGO, FL 33774

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS R. MCKEON

ADJ

04/27/2005

Electronic Signature of Signing Officer or Director

Date