# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# 700044

**Entity Name:** THE VETERANS LIAISON COUNCIL OF PINELLAS COUNTY FLORIDA INCORPORTED

**Current Principal Place of Business:**

1006 DREW ST.
CLEARWATER, FL 33755

**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:**

WINTERS, ELISE K
1006 DREW ST.
CLEARWATER, FL 33755 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: | P | ( ) Delete |
| Name: | O'MEARA, FRANCIS P P | |
| Address: | 1200 S. MISSOURI AVE. APT. 314 | |
| City-St-Zip: | CLEARWATER, FL 33756 | |
| Title: | V | ( ) Delete |
| Name: | RIZZO, ANTHONY R V | |
| Address: | 5554 16TH AVE. N. | |
| City-St-Zip: | ST. PETERSBURG, FL 33710 | |
| Title: | V | ( ) Delete |
| Name: | MAGEE, DIANNE V | |
| Address: | 1100 102ND AVE N APT 107 | |
| City-St-Zip: | ST. PETERSBURG, FL 33716 | |
| Title: | S | ( ) Delete |
| Name: | GUNION, LUCILLE S | |
| Address: | 1620 PARKVIEW LN. | |
| City-St-Zip: | LARGO, FL 33770 | |
| Title: | T | ( ) Delete |
| Name: | JONES, DIANE T | |
| Address: | 131 N. BATH CLUB CIRCLE | |
| City-St-Zip: | N. REDDINGTON BEACH, FL 33708 | |
| Title: | D | ( ) Delete |
| Name: | SWICK, ROBERT D | |
| Address: | 831 PEGGY RAY DR. | |
| City-St-Zip: | DUNEDIN, FL 33756 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | V | (X) Change ( ) Addition |
| Name: | MAGEE, DIANNE V | |
| Address: | 4025 26TH STREET N | |
| City-St-Zip: | ST. PETERSBURG, FL 33714 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| 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 exemption stated in Chapter 119, 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: DIANNE MAGEE V 04/29/2009

Electronic Signature of Signing Officer or Director — Date