

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 701612

1. Entity Name
PINELLAS COUNTY SHERIFF'S ADVISORY BOARD, INC.



Principal Place of Business
**10750 ULMERTON ROAD
P.O. BOX 2500
LARGO, FL 33779 US**

Mailing Address
**10750 ULMERTON RD
P.O. BOX 2500
LARGO, FL 33778-2500 US**



01212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2347292

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KWALL, JEAN
10750 ULMERTON ROAD
LARGO, FL 33778**

**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 title if applicable.

(NOTE: Registered Agent signature required when registering)

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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RICE, EVERETT S. (SHERIF
STREET ADDRESS 10750 ULMERTON ROAD
CITY-ST-ZIP LARGO, FL

TITLE VD
NAME MILLER, JAMES
STREET ADDRESS 1185 KEENE RD
CITY-ST-ZIP LARGO, FL 33771

TITLE VD
NAME STILLWAGON, DALE L. SR.
STREET ADDRESS 690 47TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG, FL

TITLE TD
NAME BOURKE, ROBERT
STREET ADDRESS 6100 94 AVE N
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE SD
NAME GRIFFIN, RON
STREET ADDRESS 5750 80TH ST N., APT C-308
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE D
NAME BURKE, SANDY
STREET ADDRESS 6466 59TH LANE, 101
CITY-ST-ZIP PINELLAS PARK, FL 33781

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02/04/04-80076-008 61.25

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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:

Everett S. Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/04