



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90045 040 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2347292	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KWALL, JEAN 10750 ULMERTON ROAD LARGO, FL 33778			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME RICE, EVERETT S. (SHERIF	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	NAME Jim Coats	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10750 ULMERTON ROAD			STREET ADDRESS 10750 ULMERTON RD		
CITY-ST-ZIP LARGO, FL			CITY-ST-ZIP LARGO, FL 33778		
TITLE VD	NAME MILLER, JAMES	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1185 KEENE RD			STREET ADDRESS 		
CITY-ST-ZIP LARGO, FL 33771			CITY-ST-ZIP 		
TITLE VD	NAME STILLWAGON, DALE L. SR.	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 690 47TH STREET NORTH			STREET ADDRESS 		
CITY-ST-ZIP ST PETERSBURG, FL			CITY-ST-ZIP 		
TITLE TD	NAME BOURKE, ROBERT	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6100 94 AVE N			STREET ADDRESS 		
CITY-ST-ZIP PINELLAS PARK, FL 33782			CITY-ST-ZIP 		
TITLE SD	NAME GRIFFIN, RON	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5750 80TH ST N., APT C-308			STREET ADDRESS 		
CITY-ST-ZIP ST. PETERSBURG, FL			CITY-ST-ZIP 		
TITLE O	NAME BURKE, SANDY	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6466 59TH LANE, 101			STREET ADDRESS 		
CITY-ST-ZIP PINELLAS PARK, FL 33781			CITY-ST-ZIP 		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			1-27-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		