FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 12:07

DOCUMENT # 708525 (1)

1. Corporation Name
SOUTH PINELLAS COMMUNITY COUNCIL, INC.

Principal Place of Business	Mailing Address
5482-104TH WAY NO. SEMINOLE FL 34642	5482-104TH WAY NO. SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1965
3a. Date of Last Report: 01/25/1994
4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JULIUS, JAMES E
11933 72ND AVE N
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name: ARGEL E. Jordan
82 Street Address (P.O. Box Number is Not Acceptable): 12041 - 70th Ave. No.
83: Seminole, Fl.
84 City: FL 85 Zip Code: 34642

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Argel E. Jordan (Argel E. Jordan, Treasurer) Jan. 23, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	JUDD, KENNETH	1.2 NAME		
STREET ADDRESS	5482 104 WAY NO.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	MCKEON, TOM	2.2 NAME		
STREET ADDRESS	11122 137TH ST., N.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE		☐ Change ☐ Addition
NAME	KIRCHHOFFER, ROBERT	3.2 NAME		
STREET ADDRESS	14220 PASSAGE WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	YATES, WILLIAM	4.2 NAME		
STREET ADDRESS	11655 GROVE STREET N.	4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	JULIUS, JAMES E	5.2 NAME	ARGEL JORDAN	
STREET ADDRESS	11933 72ND AVE N	5.3 STREET ADDRESS	12041 70th AVE. N.	
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	SEMINOLE, FL 34642	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Argel E Jordan Argel E. Jordan 1-23-95 (813) 398-2942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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