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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708525** (1)
1. Corporation Name
SOUTH PINELLAS COMMUNITY COUNCIL, INC.

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

3. Date Incorporated or Qualified
02/23/1965

4. FEI Number
NOT APPLICABLE

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORDAN, ARCEL E
12041 70TH AVE NO
SEMINOLE FL 34642

MARVIN KURSON
507 BOCA CIEGA PNT BLVD N
ST PETERSBURG, FL
33708

81 Name	MARVIN KURSON
82 Street Address (P.O. Box Number is Not Acceptable)	507 BOCA CIEGA PNT BLVD N
83 City	ST PETERSBURG
84 State	FL
85 Zip Code	33708

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Marvin Kurson* DATE **JAN 31, 1998**

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDD, KENNETH	1.2 NAME	ALBERT STRUMBLE
STREET ADDRESS	5482 104 WAY NO.	1.3 STREET ADDRESS	8781 LEDNA ST N
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	SEMINOLE FL 33772
TITLE	SEC	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEON, TOM	2.2 NAME	MCKEON, TOM
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAP, JIM	3.2 NAME	JIM BURNSGAARD
STREET ADDRESS	10085 ASHLEY DRIVE	3.3 STREET ADDRESS	6500 114TH ST N
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	SS	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SERRILL, PATRICIA	4.2 NAME	PATULA, NANCY
STREET ADDRESS	12110 66TH AVE. N.	4.3 STREET ADDRESS	11748 103RD ST N
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	SEMINOLE FL
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, ARCEL	5.2 NAME	MARVIN KURSON
STREET ADDRESS	12041 70TH AVE N	5.3 STREET ADDRESS	507 BOCA CIEGA PNT BLVD N
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	ST. PETERSBURG FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	ROBERT RUGISH
STREET ADDRESS		6.3 STREET ADDRESS	10031 OAKHURST RD.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SEMINOLE, FL 33776

14. 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 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: *Marvin Kurson* DATE **JAN 31, 1998** (813) 391-8891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0053818

CR2E037 (10/97)