

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90031 037 \*\*\*\*61.25

<b>DOCUMENT # 710601</b> 1. Entity Name GREATER PINELLAS COUNTY FLORIDA CHAPTER OF SPEBSQSA, INC					
Principal Place of Business <del>3450 55TH ST. N</del> <del>ST. PETERSBURG, FL 33710</del> US			Mailing Address <del>3450 55TH ST NO</del> <del>ST PETERSBURG, FL 33710</del> US		
2. Principal Place of Business, No P.O. Box # <b>1772 ARABIAN LANE</b>			3. Mailing Address <b>SAME</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>PALM HARBOR</b>			City & State		
Zip <b>34685</b>		Country <b>USA</b>		4. FEI Number <b>59-6169786</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>THOMAS, JERRY</b> <b>1772 ARABIAN LANE</b> <b>PALM HARBOR, FL 34685</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROAN, JOE 251 DUNBRIDGE DR. PALM HARBOR, FL 34684	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUBIN, LANCE 6135 8TH AVE N SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COPP, LEE A 3450 55TH ST N ST. PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JERRY THOMAS 1772 ARABIAN LANE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODGERS, CHRIS C 8775 15TH LANE NORTH CLEARWATER, FL 33702	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS STOFFEL 225 COUNTRY CLUB DR. 1612F LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOLAND, DOUGLAS 1604 N OSCEOLA AVE #1 CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member @ Largo CLYDE HALL 2025 MacArthur Ct. Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES, HERBERT 2617 COVE CAY DR, S #605 CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member @ Largo DONALD MEYNICK 3154 Cloverlane Dr. Palm Harbor, FL 34684
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: <b>JERRY THOMAS</b> <i>Jerry Thomas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <b>3/17/2008</b> Daytime Phone #: <b>727 781 0015</b>					

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