2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710601

Title:

Name:

Address:

City-St-Zip:

MGRM

LARGO, DONALD P

3154 CLOVERPLANE DR

PALM HARBOR, FL 34684 US

() Delete

FILED Apr 20, 2009 Secretary of State

Entity Name: GREATER PINELLAS COUNTY FLORIDA CHAPTER OF SPEBSQSA, INC

Current Principal Place of Business: New Principal Place of Business: 2617 COVE CAY DR **APT 605** CLEARWATER, FL 33760 US **New Mailing Address: Current Mailing Address:** 2617 COVE CAY DR **APT 605** CLEARWATER, FL 33760 US FEI Number: 59-6169786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JAMES, HERBERT L 2617 COVE CAY DR **APT 605** CLEARWATER, FL 33760 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ROAN, JOE JAMES, HERBERT L Name: Name: 251 DUNBRIDGE DR. Address: 2617 COVE CAY DR Address: City-St-Zip: PALM HARBOR, FL 34684 US City-St-Zip: CLEARWATER, FL 33760 US Title: VD Title: () Delete () Change () Addition LUBIN, LANCE Name: Name: Address: 6135 8TH AVE N Address: City-St-Zip: SAINT PETERSBURG, FL 33710 US City-St-Zip: Title: () Delete Title: SD (X) Change () Addition JAMES, HERBERT L KESLER, DAVID B Name: Name: Address: 2617 COVE CAY DR Address: 1590 SERPENTINE DR S City-St-Zip: CLEARWATER, FL 33760 US City-St-Zip: ST PETERSBURG, FL 33705 US Title: TD () Delete Title: () Change () Addition Name: STOFFEL, THOMAS Name: Address: 225 COUNTRY CLUB DR 1612 Address: City-St-Zip: LARGO, FL 33771 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HALL, CLYDE Name: Name: 2025 MAC ARTHUR CT Address: Address: City-St-Zip: DUNEDIN, FL 34698 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

MGRM

MEYNCKE, DONALD P

3154 CLOVERPLANE DR

PALM HARBOR, FL 34684 US

(X) Change () Addition

SIGNATURE: DAVID B KESLER SD 04/20/2009