

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90080 023 ****61.25

DOCUMENT # 710797

1. Entity Name

COLLEGE FUND OF PINELLAS COUNTY, INC.



Principal Place of Business

C/O JAMES N. CORDEA
313 BUTTONWOOD LN
LARGO FL 33770
US

Mailing Address

C/O JAMES N. CORDEA
313 BUTTONWOOD LN
LARGO FL 33770
US

00018530



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6178906

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORDEA, JAMES N
313 BUTTONWOOD LANE
LARGO FL 33770

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD-VD	<input type="checkbox"/> Delete
NAME	CORDEA, SUSAN	
STREET ADDRESS	313 BUTTONWOOD LANE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CORDEA, JAMES	
STREET ADDRESS	313 BUTTONWOOD LANE	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BREUNING, DORIS	
STREET ADDRESS	309 22ND ST.	
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCGARRAH, LILLIE	
STREET ADDRESS	1367 120TH ST. N	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	VS-P	<input type="checkbox"/> Delete
NAME	RUGULSKI, JAN	
STREET ADDRESS	1045 CRANBERRY RD	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHNEIDENHELM, AUDREY	
STREET ADDRESS	2226 DONATO DRIVE	
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

James N. Cordea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05

727-581-6439

Date

Daytime Phone #