


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90204 050 \*\*\*\*61.25

<b>DOCUMENT # 710797</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6178906	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 <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 _____ DATE _____ <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 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDEA, SUSAN		NAME	RANKINE, SHARON	
STREET ADDRESS	313 BUTTONWOOD LANE		STREET ADDRESS	2669 LAKEBREEZE LN. N.	
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDEA, JAMES		NAME		
STREET ADDRESS	313 BUTTONWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREUNING, DORIS		NAME		
STREET ADDRESS	309 22ND ST.		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGARRAN, LILLIE		NAME	IVEY, BETTE RA	
STREET ADDRESS	1367 120TH ST. N		STREET ADDRESS	14452 HILLVIEW DR.	
CITY-ST-ZIP	LARGO, FL 33778		CITY-ST-ZIP	LARGO, FL 33774	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANKINE, ROBERT		NAME		
STREET ADDRESS	2669 LAKEBREEZE LN.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIDENHELM, AUDREY		NAME	SCHWEIDENHELM, AUDREY	
STREET ADDRESS	2226 DONATO DRIVE		STREET ADDRESS	420 BAY AVE, APT. 143	
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786		CITY-ST-ZIP	CLEARWATER, FL 33756	
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: <u>James N. Cordea</u>		Date: <u>2/29/08</u>		Daytime Phone #: <u>727-581-6439</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

