## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 710797** 

FILED Feb 13, 2010 Secretary of State

Entity Name: COLLEGE FUND OF PINELLAS COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

C\O SHARRON A. RANKINE 2669 LAKEBREEZE LANE N CLEARWATER, FL 33759 US

Current Mailing Address: New Mailing Address:

C\O SHARRON A. RANKINE 2669 LAKEBREEZE LANE N CLEARWATER, FL 33759 US

FEI Number: 59-6178906 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:

RANKINE, SHARRON A 2669 LAKEBREEZE LANE N CLEARWATER, FL 33759 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:**

Title: TD

Name: RANKINE, SHARRON
Address: 2669 LAKE BREEZE LN N
City-St-Zip: CLEARWATER, FL 33759

Title: P

Name: CORDEA, JAMES
Address: 313 BUTTONWOOD LANE
City-St-Zip: LARGO, FL 33771

Title: VD

Name: JACKSON, ROBERT Address: 315 VELMA DRIVE. City-St-Zip: LARGO, FL 33770

Title: SD

Name: IVEY, BETTE RA
Address: 14452 HILLVIEW DR
City-St-Zip: LARGO, FL 33774

Title: VD

 Name:
 RANKINE, ROBERT

 Address:
 2669 LAKEBREEZE LN. N.

 City-St-Zip:
 CLEARWATER, FL
 33759

Title: VD

Name: SCHEIDENHELM, AUDREY
Address: 602 LIME AVE., APT 402
City-St-Zip: CLEARWATER, FL 33756

I hereby 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 all other like empowered.

SIGNATURE: SHARRON RANKINE TD 02/13/2010