

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710797

FILED
Feb 15, 2011
Secretary of State

Entity Name: COLLEGE FUND OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-6178906 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RANKINE, SHARRON A
2669 LAKEBREEZE LANE N
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

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 A. RANKINE

TD

02/15/2011

Electronic Signature of Signing Officer or Director

_____ Date