

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715269 (7)
1. Corporation Name

PINELLAS OPPORTUNITY COUNCIL, INC.



Principal Place of Business: **3443 1ST AVENUE NORTH ST. PETERSBURG FL 33713-8516**
Mailing Address: **3443 1ST AVENUE NORTH ST. PETERSBURG FL 33713-8516**

3. Date Incorporated or Qualified: **09/17/1968**
3a. Date of Last Report: **02/06/1995**
4. FEI Number: **59-1227051**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**ZECKER, FRED W.
6042-1ST AVE S APT #31
ST PETERSBURG FL 33707**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | TD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERZIG, JEAN | 1.2 NAME | |
| STREET ADDRESS | 5301 17TH AVE. NORTH | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33701 | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | UNLEY, DENISE | 2.2 NAME | |
| STREET ADDRESS | BARNETT TOWER 3RD FLOOR 200 CENTRAL AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | 2.4 CITY-ST-ZIP | |
| TITLE | DV <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RAHIM, MUHAMMAD ABDUR | 3.2 NAME | |
| STREET ADDRESS | 1025 N MADISON AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZICCARDI, CARMINE | 4.2 NAME | |
| STREET ADDRESS | 3121-TEAL TERRACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | 4.4 CITY-ST-ZIP | |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EGGEMAN, GAIL | 5.2 NAME | |
| STREET ADDRESS | 475 CENTRAL AVENUE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGARVEY, JAMES | 6.2 NAME | |
| STREET ADDRESS | 647 1ST AVE., NORTH | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 6.4 CITY-ST-ZIP | |

| | | | |
|-----------------|--|-----------------|--|
| 1.5 CITY-ST-ZIP | | 6.5 CITY-ST-ZIP | |
|-----------------|--|-----------------|--|

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Denise G. Unley* **1/31/96** (813) 327-8690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)