

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 26 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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 Mailing Address  
**3443 1ST AVENUE NORTH 3443 1ST AVENUE NORTH  
ST. PETERSBURG FL 33713-8516 ST. PETERSBURG FL 33713-8516**

3. Date Incorporated or Qualified **09/17/1968** 3a. Date of Last Report **02/05/1996**

|                                |                     |   |  |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number<br><b>59-1227051</b>  | Applied For<br><input type="checkbox"/>    |
| 21                             | 26                  |   | Not Applicable<br><input type="checkbox"/> |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>      |
| 22                             | 27                  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>         |
| City & State                   | City & State        | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 23                             | 28                  |   |  |
| Zip Country                    | Zip Country         |   |  |
| 24                             | 25 29 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   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>TD</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>HERZIG, JEAN</b>                                  | 1.2 NAME  | <b>JURA PHILPOT</b>   |
| STREET ADDRESS             | <b>5301 17TH AVE. NORTH</b>                          | 1.3 STREET ADDRESS                                    | <b>2531 - 12TH STREET SOUTH</b>   |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL 33701</b>                       | 1.4 CITY-ST-ZIP                                       | <b>ST. PETERSBURG, FLA. 33705</b>   |
| TITLE                      | <b>PD</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>UNLEY, DENISE</b>                                 | 2.2 NAME  | <b>CLARENCE SCOTT</b>   |
| STREET ADDRESS             | <b>BARNETT TOWER 3RD FLOOR 200 CENTRAL AVE</b>       | 2.3 STREET ADDRESS                                    | <b>530 LAKE MAGGOIRE BLVD</b>   |
| CITY-ST-ZIP                | <b>ST PETERSBURG FL 33701</b>                        | 2.4 CITY-ST-ZIP                                       | <b>ST. PETERSBURG, FLA. 33705</b>   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE  | 3.1 TITLE   | <b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>BUTZ, BARBARA</b>                                 | 3.2 NAME  | <b>MOSES SIMMONS</b>  |
| STREET ADDRESS             | <b>11351 ULMERTON ROAD</b>                           | 3.3 STREET ADDRESS                                    | <b>1232 - 24TH WAY SO. #651</b>   |
| CITY-ST-ZIP                | <b>LARGO FL</b>                                      | 3.4 CITY-ST-ZIP                                       | <b>ST. PETERSBURG, FLA. 33712</b>   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME                       | <b>ZICCARDI, CARMINE</b>                             | 4.2 NAME  | <b>LEON RUSSEL</b>  |
| STREET ADDRESS             | <b>3121-TEAL TERRACE</b>                             | 4.3 STREET ADDRESS                                    | <b>315 COURT STREET</b>   |
| CITY-ST-ZIP                | <b>SAFETY HARBOR FL 34695</b>                        | 4.4 CITY-ST-ZIP                                       | <b>CLEARWATER, FLA. 34616</b>   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>VAN, FAITH</b>                                    | 5.2 NAME  |   |
| STREET ADDRESS             | <b>2019 ANASTASIA WAY SOUTH</b>                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>                             | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 6.1 TITLE   | <b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCGARVEY, JAMES</b>                               | 6.2 NAME  |   |
| STREET ADDRESS             | <b>647 1ST AVE., NORTH</b>                           | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>                             | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)