

FILE NOW: FILING FEE IS \$61.25

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**Feb 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/17/1968	
4. FEI Number 59-1227051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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: *Fred W. Zecker* **Fred W. Zecker, Exec. Dir.** DATE: **2/4/98**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PHILPOT, JURA	
STREET ADDRESS	2531 12TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCOTT, CLARENCE	
STREET ADDRESS	530 LAKE MAGGOIRE BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIMMONS, MOSES	
STREET ADDRESS	1232 24TH WAY SO., #651	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ZIGGARDI, CARMINE	
STREET ADDRESS	3121-TEAL TERRACE	
CITY-ST-ZIP	SAFETY HARBOR FL 34696	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VAN, FAITH	
STREET ADDRESS	2010 ANASTASIA WAY SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCGARVEY, JAMES	
STREET ADDRESS	647 1ST AVE., NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D LEON RUSSELL
4.3 STREET ADDRESS	315 COURT STREET
4.4 CITY-ST-ZIP	CLEARWATER, FL 34616
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D CHARLES LOWE
5.3 STREET ADDRESS	2851 1ST AVENUE NORTH
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33713
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Jura Philpot* **Jura Philpot, Treasurer** DATE: **2-4-98**

CP2E037 (10/97)