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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90073 029 \*\*\*\*70.00

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 715269**

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/17/1968</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1227051</b>	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ZECKER, FRED W.                  6042-1ST AVE S APT #31                  ST PETERSBURG FL 33707</b>				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PHILPOT, JURA	1.2 NAME	
STREET ADDRESS	2531 12TH STREET SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, CLARENCE	2.2 NAME	
STREET ADDRESS	530 LAKE MAGGOIRE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, MOSES	3.2 NAME	VD
STREET ADDRESS	1232 24TH WAY SO., #651	3.3 STREET ADDRESS	YACUB BILAL
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	1300 PALMETTO ST CLEARWATER, FL 33755
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, LEON	4.2 NAME	
STREET ADDRESS	315 COURT STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, CHARLES	5.2 NAME	
STREET ADDRESS	2851 1ST AVENUE NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	5.4 CITY-ST-ZIP	
TITLE	PD <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	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 2/1/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (11/98)