


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90165 049 \*\*\*\*61.25

<b>DOCUMENT # 717850</b> 1. Entity Name <b>PINELLAS PARK ART SOCIETY, INC.</b>					
Principal Place of Business <b>7200 US HWY 19 N SUITE #732 PINELLAS PARK FL 33781 US</b>			Mailing Address <b>P O BOX 3106 PINELLAS PARK FL 33780-3106 US</b>		
2. Principal Place of Business <b>5851-A Park Blvd.</b>			3. Mailing Address  		
Suite, Apt. #, etc. <b>Pinellas Park, Fl</b>			Suite, Apt. #, etc.  		
City & State <b>33781 Pinellas</b>		City & State  		4. FEI Number <b>59-2181390</b>	
Zip  		Country  		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HODGES, NANCY 6825 38TH ST N PINELLAS PARK FL 33781</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HODGES, NANCY 6825 38TH ST N PINELLAS PARK FL 33781	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	   
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DANIELS, STEVE 4597 HURON RD SAINT PETERSBURG FL 33709	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	   
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SWEREDIUK, CATHERINE 7317 12TH AVE. N SAINT PETERSBURG FL 33710	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	   
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR ELEANOR, ADAMO 5865 37TH AVE. N. #20 ST. PETERSBURG FL 33710	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	   
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LOWRY, RUTH 7801 11TH ST. N. #102 SAINT PETERSBURG FL 33702	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	   
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR BURGESS, THERESA 5251 N 92 TERR PINELLAS PARK FL 33782	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	   
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Ruth Lowry</u> <b>RUTH LOWRY</b> <u>4/28/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E037 (10/04)

Applied For  
Not Applicable

FL Zip Code

Date Daytime Phone #