FILE NOW: FILING FEE IS $61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90132 040 ****61.25

0054696

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 726167

1. Corporation Name

PINELLAS COUNTY POLICE BENEVOLENT ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
ASSOCIATION. INC. 3737 16TH STREET NORTH ST. PETERSBURG FL 33704	ASSOCIATION. INC. 3737 16TH STREET NORTH ST. PETERSBURG FL 33704

2. Principal Place of Business 21	2a. Mailing Address 26 14450 46th Street North	3. Date Incorporated or Qualifed 04/18/1973
Suite, Apt. #, etc. 22 14450 46 S/N Ste115	Suite, Apt. #, etc. 27 Suite 115	4. FEI Number 59-1453946 ☐ Applied For ☐ Not Applicable
City & State 23 Clearwater, FL	City & State 28 Clearwater, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33762 25 Pinellas	Zip / Country 29 33762 30 Pinellas	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOULE, J. W. JACK 3737 16TH STREET NORTH ST PETERSBURG FL 33704	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 14450 46th Street North, 83 Suite 115 84 City Clearwater FL 85 Zip Code 33762

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 _____ 3-2-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SOULE, J. W. JACK		1.2 NAME		
STREET ADDRESS	3737 16TH ST. N.		1.3 STREET ADDRESS	14450 46th Street North Ste 115	
CITY-ST-ZIP	ST. PETE FL 33704		1.4 CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	VD	☒ DELETE	2.1 TITLE	EVP	☐ Change ☒ Addition
NAME	CIMINERA, CHARLES J.		2.2 NAME	Terry Heath	
STREET ADDRESS	3737 16T ST. N.		2.3 STREET ADDRESS	14450 46 Street North, Ste 115	
CITY-ST-ZIP	ST. PETERSBURG FL 33704		2.4 CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	EVP	☐ DELETE	3.1 TITLE	Senior Vice President	☒ Change ☐ Addition
NAME	DEASARO, MARK		3.2 NAME		
STREET ADDRESS	3737 16TH STREET NORTH		3.3 STREET ADDRESS	14450 46 Street North, Ste 115	
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	STD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	CORBET, STEPHEN L.		4. 2 NAME		
STREET ADDRESS	3737 16TH ST. N.		4.3 STREET ADDRESS	14450 46 Street North, Ste 115	
CITY-ST-ZIP	ST. PETERSBURG FL 33704		4.4 CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	LALUBACH, WILLIAM M		5.2 NAME		
STREET ADDRESS	102 15TH AVE. #3		5.3 STREET ADDRESS	14450 46 Street North, Ste 115	
CITY-ST-ZIP	ST. PETERSBURG FL 33706		5.4 CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	S	☒ DELETE	6.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	TIESLER, DONNIE		6.2 NAME	Tracey Schofield	
STREET ADDRESS	3737 16 ST N.		6.3 STREET ADDRESS	14450 46 Street North Ste. 115	
CITY-ST-ZIP	ST PE		6.4 CITY-ST-ZIP	Clearwater, FL 33762	

CR2E037 (11/98)

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 3-2-99 (727) 532-1722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #