## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2004 08:00 AM Secretary of State

## **DOCUMENT #726167**

1. Entity Name

PINELLAS COUNTY POLICE BENEVOLENT ASSOCIATION, INC.



Principal Place of Business

ASSOCIATION, INC. 14450 46 ST N STE 115 CLEARWATER, FL 33762 Mailing Address

ASSOCIATION, INC. 14450 46 ST N STE 115 CLEARWATER, FL 33762



01092004 No Chg-NP

CR2E037 (10/03)

FEI Number
 59-1453946

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DEASARO, MARK 14450 46 ST N STE 115 CLEARWATER, FL 33762

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	- AMERICAN				
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 Mark Deasaro 1-9-04 Signature A/ped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rainstating)  DATE					
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be Added to Fees		
10.	10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEASARO, MARK 14450 46 ST N STE 115 CLEARWATER, FL 33762			U00000069101 -U320120480004012 70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD BRUNETTO, PHIL 14450 46 ST N STE 115 CLEARWATER, FL 33762				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	SVP HEATH, TERRY 14450 46 ST N STE 115 CLEARWATER, FL 33762		DC	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CORBET, STEPHEN L. 14450 46 ST N STE 115 CLEARWATER, FL 33762		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUBACK, WILLIAM M 14450 46 ST N STE 115 CLEARWATER, FL 33762				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	S TOLEDO, RUBEN 14450 46 ST N STE 115 CLEARWATER, FL 33762				
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.					

Mark Deasaro