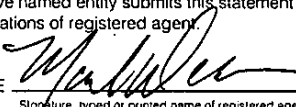
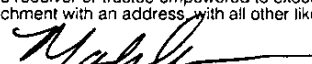


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90020 030 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1453946 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEASARO, MARK 14450 46 ST N STE 115 CLEARWATER, FL 33762			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		1-19-05 DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DEASARO, MARK		NAME		
STREET ADDRESS	14450 46 ST N STE 115		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP		
TITLE	EVPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BRUNETTO, PHIL		NAME		
STREET ADDRESS	14450 46 ST N STE 115		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP		
TITLE	SVP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HEATH, TERRY		NAME		
STREET ADDRESS	14450 46 ST N STE 115		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CORBET, STEPHEN L.		NAME		
STREET ADDRESS	14450 46 ST N STE 115		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	LAUBACK, WILLIAM M		NAME	Anthony Perrone	
STREET ADDRESS	14450 46 ST N STE 115		STREET ADDRESS	14450 46th St N #115	
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	S.	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	TOLEDO, RUBEN		NAME		
STREET ADDRESS	14450 46 ST N STE 115		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33762		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.					
SIGNATURE: 		Mark Deasaro SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-19-05 Date	
				727-532-1722 Daytime Phone #	