## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

A Comment of the Comm					FILED Sep 01, 2006 8:00 am Secretary of State				
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT									
DOCUMENT #726167  1. Entity Name PINELLAS COUNTY POLICE BENEVOLENT ASSOCIATION, INC.							y 01 500 003 006 ****61		
			700	WE TOO					
Principal Plac ASSOCIATION 14450 46 ST CLEARWATER	I, INC. I n ste 115	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.			08252006 Chg-NP CR2E037 (4/06)				
City & State		City & State			4. FEI Number 59-145394	6	<del>  -   -  </del>	plied For Applicable	
Zìp	Country	Zip Country			5. Certificate of St	atus Desired	See Require	litional d	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Add	ress of New Regis	stered Agent		
DEASARO, MARK 14450 46 ST N STE 115 CLEARWATER, FL 33762				Street Address (P.O. Box Number is Not Acceptable)					
:			City	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  Signifure, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required then reinstating)  DATE									
	Filing Fee is \$61.25 ue by September 6, 2006	Trust Fund C			\$5.00 May Be Added to Fees	Florida	check payable to Department of St	ate	
10.	OFFICERS AND DIF	Delete	11.	<del></del>	ADDITIONS/CHANG	ES TO OFFICERS A	AND DIRECTORS IN Change	10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DEASARO, MARK 14450 46 ST N STE 115 CLEARWATER, FL 33762	End Delete	NAME STREET ADDRESS CITY-ST-ZIP	5			<u> П</u> планус	L Yourion	
TITLE	EVPD	Delete	TITLE	EV	PD		☐ Change	Addition	
NAME STREET ADDRESS	BRUNETTO, PHIL 14450 46 ST N STE 115		NAME STREET ADDRESS	Ron	nie Thom 0-46 st/	1QS U #115			
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP		arwater.		62		
TITLE NAME	SVP -HEATH, TERRY	Delete	TITLE - NAME	SVF	) ماماما	<u> </u>	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	14450 46 ST N STE 115 CLEARWATER, FL 33762		STREET ADDRESS	1445	50-46 ST	N #113			
TITLE	STD	Delete	TITLE	STE	cwater	<u> FL 3370</u>	© 7_ ☐ Change	Addition	
NAME	CORBET, STEPHEN L.	LEJ DOIGIO	NAME		- L Maria	nd 16 16	Onlinge	Addition (See	
STREET ADDRESS CITY-ST-ZIP	14450 46 ST N STE 115 CLEARWATER, FL 33762		STREET ADDRESS CITY-ST-ZIP	1445	0-46 ST	N # 115	_		
TITLE	D	Delete	TITLE	D	irwater 1	PL 3376	Change	Addition	
NAME	PERRONE, ANTHON	tad boote	NAME	mic	hael Kro	hou	Change	LE AGGISTON	
STREET ADDRESS CITY-ST-ZIP	14450 46 ST N STE 115 CLEARWATER, FL 33762		STREET ADDRESS CITY-ST-ZIP		o-46 ST /		7107		
TITLE	S	Delete	TITLE	5	,	F C 33	☐ Change	Addition	
NAME	TOLEDO, RUBEN		NAME		ci Reid	- N #11			
STREET ADORESS CITY-ST-ZIP	14450 46 ST N STE 115 CLEARWATER, FL 33762		STREET ADDRESS CITY-ST-ZIP	11445	50-46 51 cr water	,0			
12. I hereby of indicated	ertify that the information supplied with on this report or supplemental report is	true and accurate and that m	the exemptions y signature shall	contained have the s	in Chapter 119, Flor ame legal effect as i	ida Statutes. I furth	ner certify that the in 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.									