2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# 726167

Entity Name: PINELLAS COUNTY POLICE BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1453946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DEASARO, MARK	
Address:	14450 46 ST N STE 115	
City-St-Zip:	CLEARWATER, FL 33762 US	
Title:	EVPD	( ) Delete
Name:	THOMAS, RONNIE	
Address:	14450 46 ST N STE 115	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	SVP	( ) Delete
Name:	LEHMANN, JOE	
Address:	14450 46 ST N STE 115	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	STD	( ) Delete
Name:	MARLAND, MARK	
Address:	14450 46 ST N STE 115	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	D	( ) Delete
Name:	KROHN, MICHAEL	
Address:	14450 46 ST N STE 115	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	S	( ) Delete
Name:	REID, TRACI	
Address:	14450 46 ST N STE 115	
City-St-Zip:	CLEARWATER, FL 33762	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL I KROHN D 04/30/2007

Electronic Signature of Signing Officer or Director — Date