


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90010 022 \*\*\*\*61.25

<b>DOCUMENT # 735730</b>	
1. Entity Name <b>PINELLAS COUNTY URBAN LEAGUE, INC.</b>	

Principal Place of Business <b>333 31ST STREET NORTH ST. PETERSBURG FL 33713</b>	Mailing Address <b>333 31ST STREET NORTH ST. PETERSBURG FL 33713</b>
---	---




2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

<b>6. Name and Address of Current Registered Agent</b>  <b>SIMMONS, JAMES O</b> <b>333 31ST STREET NORTH</b> <b>ST. PETERSBURG FL 33713</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Gregory Johnson</b> Street Address (P.O. Box Number is Not Acceptable) <b>333 31st Street North</b> City <b>St. Petersburg,</b> <b>FL</b> Zip Code <b>33713</b>	
---	--	---	--

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  DATE **4/1/08**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
**Gregory Johnson, President & CEO**

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NESMITH, ALVIN C 1301 34TH STREET NORTH SAINT PETERSBURG FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input checked="" type="checkbox"/> Delete SIMPSON, GAIL T 299 1ST AVENUE N. PES -164 SAINT-PETERSBURG FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gordon, Cedric 1300 First Avenue North St. Petersburg, Florida 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Delete FEDER, ERIC 701 6TH STREET SOUTH SAINT PETERSBURG FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Simmons, Todd C. 3201 34th Street South St. Petersburg, Florida 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete DAVIS, RICARDO A 3300 DR ML KING ST N SAINT PETERSBURG FL 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Preston, Steven D. 11399 16th Court North, Suite 200 St. Petersburg, Florida 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input checked="" type="checkbox"/> Delete DAVIS, RICARDO A 3300 DR M.L. KING STREET NORTH SAINT PETERSBURG FL 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LaFalce, Frank A. One Tampa City Center, Suite 100 Tampa, Florida 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete SIMMONS, JAMES O 333 31ST ST. N ST. PETERSBURG FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Johnson, Gregory 333 31st Street North St. Petersburg, Florida 33713

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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  **Gregory Johnson** **4/1/08** **727 327-2081**