

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736287

FILED
Jan 12, 2009
Secretary of State

Entity Name: PINELLAS EXECUTIVES' ASSOCIATION, INC.

Current Principal Place of Business:

1651 COBBLE CT.
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

1651 COBBLE CT.
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-1677396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PISANI, JAMES P
1801 HERCULES AVE N
CLEARWATER, FL 34625 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: P () Delete
Name: JEFFREY, JACK
Address: 1985 DREW ST
City-St-Zip: CLEARWATER, FL 33765

Title: ST () Delete
Name: PISANI, JAMES P
Address: 1810 HERCULES AVENUE, NORTH
City-St-Zip: CLEARWATER, FL

Title: VP () Delete
Name: WHITE, DAVE
Address: 2030 WEAVER PARK DR
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: HILKERT, DOUG
Address: 2557 NURSERY RD STE. A
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: LU, CUSHING
Address: 4100 EAST BAY DR. B-36
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: SQUITIRO, STEVE
Address: 1492 OVERCASH DR.
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GIBSON, KELLY
Address: 1499 BAYVIEW DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: VP (X) Change () Addition
Name: HILKERT, DOUG
Address: 2557 NURSERY RD STE. A
City-St-Zip: CLEARWATER, FL 33764

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: DONNA J. PERRY

ED

01/12/2009

Electronic Signature of Signing Officer or Director

Date