

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90020 037 ****70.00

DOCUMENT # 742593

1. Entity Name

PINELLAS GEOLOGICAL SOCIETY, INC.



Principal Place of Business

2440 SOUTHSORE DR SE
SAINT PETERSBURG FL 33705-3331
US

Mailing Address

P.O. BOX 6263
CLEARWATER FL 34618
US

54004964



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

SHEFFIELD, HUGH
2440 SOUTHSORE DR SE
SAINT PETERSBURG FL 33703-3331

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

Hugh Sheffield
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SCOFIELD, ANN	
STREET ADDRESS	P.O. BOX 6263	
CITY-ST-ZIP	CLEARWATER FL 34618	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAMSHER, MELINDA	
STREET ADDRESS	4608 128TH TERRACE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33733	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHEFFIELD, LEONA	
STREET ADDRESS	2440 SOUTHSORE DR SE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHEFFIELD, HUGH	
STREET ADDRESS	2440 SOUTHSORE DR SE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRONCZAK, SUZANNE	
STREET ADDRESS	2717 SEVILLE BLVD APT 9202	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTFIELD, ANN	
STREET ADDRESS	2114 NOLAN DR	
CITY-ST-ZIP	LARGO FL 33770	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKELLY, MICHAEL	
STREET ADDRESS	2436 FAIRBANKS DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Hugh Sheffield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUGH SHEFFIELD 2/19/04 (727)894-2440

Date

Daytime Phone #