

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90272 007 ****70.00

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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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address P.O. Box 1585 Suite, Apt. #, etc.		
City & State LARGO FL			4. FEI Number NOT APPLICABLE		
Zip 33779-1585			Country PINELLAS		
5. Name and Address of Current Registered Agent SHEFFIELD, HUGH 2440 SOUTHSORE DR SE SAINT PETERSBURG, FL 33703-3331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOFIELD, ANN P.O. BOX 6263 CLEARWATER, FL 34618	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ABEL, MARY 2617 COVE LAY DR. # 206 CLEARWATER FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMSHER, MELINDA 4608 128TH TERRACE N SAINT PETERSBURG, FL 33733	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MARRELLSON, BRENDA 6125 CEDAR ST. NE ST. PETERSBURG, FL 33703-1504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEFFIELD, LEONA 2440 SOUTHSORE DR SE SAINT PETERSBURG, FL 33705	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANKIN, MARGIA 1362 51ST. NE ST. PETERSBURG FL 33703-3209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEFFIELD, HUGH 2440 SOUTHSORE DR SE SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P SHEFFIELD, LEONA 2440 SOUTHSORE DR. SE ST. PETERSBURG FL 33705-3331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKELLY, MICHAEL 2436 FAIRBANKS DRIVE CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTFIELD, ANN 2114 NOLAN DR LARGO, FL 33770	<input checked="" type="checkbox"/> Delete	TITLE 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: <u>Hugh Sheffield</u> <u>HUGH SHEFFIELD</u> <u>4/26/05</u> <u>(727) 894-2440</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					