


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90132 016 ****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 PO BOX 1585 LARGO, FL 33779-1585 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABEL, MARY 2617 COVE LAY DR #206 CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LEONA SHEFFIELD 2440 SOUTHSORE DR SE ST. PETERSBURG, FL 33705	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOTSON, DONNA 2419 GULF TO BAY, LOT# 817 CLEARWATER, FL 33765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARTS, WALTER 2419 GULF TO BAY, LOT 817 CLEARWATER, FL 33765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANKIN, MARCIA 1362 51 STREET NE SAINT PETERSBURG, FL 337083209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENDA HARRRELSON 6125 CEDAR ST. NE ST. PETERSBURG, FL 33703-1509	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEFFIELD, LEONA 2440 SOUTHSORE DR SE SAINT PETERSBURG, FL 337053331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PRESIDENT ALAN SUTTERLAND 600 BARRY PLACE INDIAN ROCKS BEACH, FL 33785	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Hugh Sheffield</i>			3/24/07 (727) 894-2440		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		