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Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749893 (4)

1. Corporation Name

CAREER OPTIONS OF PINELLAS, INC.

Principal Place of Business

Mailing Address

13770 58TH STREET NORTH
STE. 312
CLEARWATER FL 3462013770 58TH STREET NORTH
STE. 312
CLEARWATER FL 34620-37503. Date Incorporated or Qualified
11/26/19793a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BAPTIST, BRUCE
515 HOLLOW RIDGE ROAD
SUITE 312
PALM HARBOR FL 34683~~81 Name
Dianne S. Cox
82 Street Address (P.O. Box Number is Not Acceptable)
10740 Hilltop Drive
83 -----
84 City
New Port Richey FL 85 Zip Code
34654

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Dianne S. Cox

Dianne S. Cox, Executive Director

1/15/97
DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
RICARDO, RONALD M.
33 NORTH GARDEN AVE. STE. 800
CLEARWATER FL
☒ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
TD
HOUTZ, DUANE T.
400 CLEVELAND ST., STE 901
CLEARWATER, FL 34615
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REAGIN, LESLIE D.
720 BLUFF VIEW DRIVE
LARGO FL
☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
PD
REAGIN, LESLIE D.
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BAPTIST, BRUCE
515 HOLLOW RIDGE ROAD
PALM HARBOR FL
☒ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
EXECUTIVE DIRECTOR
COX, DIANNE S.
10740 HILLTOP DR.
NEW PORT RICHEY, FL 34654
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
WELCH, DAVID T.
1600 25TH AVENUE SOUTH
ST. PETERSBURG FL 33712
☒ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
SD
KOYUTIS, BARBARA
5501 BATES ST.
SEMINOLE, FL 34642
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dianne S. Cox* Dianne S. Cox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97
Date

(813) 524-4321

Daytime Phone # 0067200

CR2E037 (9/96)