2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State
02-16-2007 90033 014 ****70.00

DOCUMENT # **750772**

1. Entity Name

ALPHA HOUSE OF PINELLAS COUNTY INC.

Principal Place of Business	Mailing Address
701-5TH AVENUE NORTH ST. PETERSBURG FL 33701	701-5TH AVENUE NORTH ST. PETERSBURG FL 33701

1st MOORE CR2E037 (10/06)

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

4. FEI Number 59-1991525 ☐ Applied For ☐ Not Applicable

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
D & B CORPORATE SERVICES, INC 5999 CENTRAL AVENUE SUITE 02 ST.PETERSBURG FL 33710	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRETT, SUE		NAME		
STREET ADDRESS	8022 ELBOW LN N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33710		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SAUNDERS, JOSEPH		NAME		
STREET ADDRESS	550 SANDY HOOK RD		STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL 33706		CITY-ST-ZIP		
TITLE	~~BPE~~	☐ Delete	TITLE	PD	☐ Change ☐ Addition
NAME	MALALINO, LONNIE		NAME		
STREET ADDRESS	14031 EGRET LANE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33672		CITY-ST-ZIP		
TITLE	CD	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	MARYAMCHIK, OLGA		NAME		
STREET ADDRESS	635 12TH AVE NE, APT #4		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33701		CITY-ST-ZIP		
TITLE	ED	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DIMM, GRACE		NAME		
STREET ADDRESS	2703 BAY BLVD		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785		CITY-ST-ZIP		
TITLE	~~BVPE~~	☐ Delete	TITLE	DVP	☐ Change ☐ Addition
NAME	DEEB, THERESA		NAME		
STREET ADDRESS	5999 CENTRAL AVE, #202		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33710		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mace Dimm 1/26/07 727-822-8190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #