

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751505 (9)

1. Corporation Name

PINELLAS GENEALOGY SOCIETY, INC.

Principal Place of Business

8476 - 15TH WAY NORTH
ST. PETERSBURG FL 33702-2812

Mailing Address

8476 - 15TH WAY NORTH
ST. PETERSBURG FL 33702-28123. Date Incorporated or Qualified
03/12/19803a. Date of Last Report
08/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2374859

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAZEL, MARJORIE E.
8476-15TH WAY NORTH
ST. PETERSBURG FL 33702-2812

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OSBORN, JUDITH	
STREET ADDRESS	P O BOX 41414/ 3221 49TH ST N	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, LAWRENCE L	
STREET ADDRESS	211 ISLE DR	
CITY - ST - ZIP	ST. PETE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, ANN M	
STREET ADDRESS	2850 CHANCERY LANE	
CITY - ST - ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARTHOLMEY, JILL AMES	
STREET ADDRESS	211 BUENA VISTA DR S	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRANDMAISON, C J	
STREET ADDRESS	7888 4TH AVE N	
CITY - ST - ZIP	ST. PETE FL	
TITLE	R.A	<input type="checkbox"/> DELETE
NAME	Marjorie Hazel Director	
STREET ADDRESS	8476-15 Way N	
CITY - ST - ZIP	St Petersburg, FL 33702-2812	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	PRESIDENT		
1.3 STREET ADDRESS	GINGER BRANGLE		
1.4 CITY - ST - ZIP	2935 164th Ave. Clearwater, FL 34620		
2.1 TITLE	FINANCIAL TRUSTEE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Joan Kobisk		
3.3 STREET ADDRESS	1430 Normandy Park Dr #2		
3.4 CITY - ST - ZIP	Clearwater, FL 34616-3575		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)