

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90006 003 ****61.25



**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751505

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 33702-2812

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/12/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2374859

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME GINGER BRENGLE
STREET ADDRESS 2935 164TH AVE
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME CHARLIE GRANDMAISON
1.3 STREET ADDRESS 7868 4TH AVE S.
1.4 CITY-ST-ZIP ST PETERS 33707-1030

TITLE ED ☐ DELETE
NAME BRONICK, ROSANNE
STREET ADDRESS 1715 SHIRLEY PLACE
CITY-ST-ZIP LARGO FL 33770

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME PARDUM, BARBARA
STREET ADDRESS 6245 29TH WAY N
CITY-ST-ZIP ST. PETERSBURG FL 33702

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME JENSEN, HOWARD
STREET ADDRESS 55 COUNTRY CLUB DRIVE
CITY-ST-ZIP LARGO FL 33771

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME DAMON HOSTETLER
4.3 STREET ADDRESS 107 W CITRUS AVE
4.4 CITY-ST-ZIP CLEARWATER 33765

TITLE VPD ☐ DELETE
NAME DE ROLF, THERESA
STREET ADDRESS 100 BLUFF VIEW DRIVE, #108A
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MARJORIE HAZEL
STREET ADDRESS 8476-15 WAY N
CITY-ST-ZIP ST PETERSBURG FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)