



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90013 037 ****61.25

DOCUMENT # 751505 1. Entity Name PINELLAS GENEALOGY SOCIETY, INC.					
Principal Place of Business 351 EAST BAY DRIVE C/O LARGO LIBRARY LARGO, FL 33770-3715			Mailing Address 351 EAST BAY DRIVE C/O LARGO LIBRARY LARGO, FL 33770-3715		
2. Principal Place of Business 120 CENTRAL PARK DR		3. Mailing Address 120 CENTRAL PARK DR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03012006 Chg-NP CR2E037 (11/05)	
City & State LARGO FL		City & State LARGO FL		4. FEI Number 59-2374859	
Zip 33771		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOSTETLER, DAMON S 107 N CIRCUS AVE CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name BETH SHIELDS Street Address (P.O. Box Number is Not Acceptable) 11660 68th AVE City SEMINOLE FL Zip Code 33772		
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 <u>Beth Shields</u> BETH SHIELDS, TREASURER 3/2/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	TT GRANDMAISON, JOSEPH C 7868 4TH AVE S SAINT PETERSBURG, FL 337071030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAT STRAIT 5623 80th ST. N #101 ST PETERSBURG, FL 33709		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BYAN, BOB 14030 STARBOARD DR. N. SEMINOLE, FL 337761201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. BOB BRYAN 14030 STARBOARD DR N SEMINOLE, FL 33776		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEEGAN, KAREN B 529 CREST AVE S CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALLY BROWN 9291 MERRIMOOK BLVD LARGO FL 33777		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOSTETLER, DAMON 107 N CIRCUS AVE CLEARWATER, FL 337653104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. / REG. AGENT BETH SHIELDS 11660 68th AVE SEMINOLE, FL 33772		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CHAREST, ALICE 8534 91ST ST N. SEMINOLE, FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELLINGER, DAVID 11739 HADLEIGH WAY TRINITY, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Beth Shields</u> BETH SHIELDS 727-397-0800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> TREASURER Date 3/2/06 Daytime Phone # REG. AGENT					