

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/1

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90051 047 \*\*\*\*61.25

<b>DOCUMENT # 751505</b> 1. Entity Name <b>PINELLAS GENEALOGY SOCIETY, INC.</b>																																																																																																																																									
Principal Place of Business <b>120 CENTRAL PARK DR LARGO, FL 33771</b>			Mailing Address <b>120 CENTRAL PARK DR C/O LARGO LIBRARY LARGO, FL 33771</b>																																																																																																																																						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																							
City & State		City & State		02242007 Chg-NP CR2E037 (12/06)																																																																																																																																					
Zip		Country		4. FEI Number <b>59-2374859</b>																																																																																																																																					
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																					
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																					
6. Name and Address of Current Registered Agent  <b>SHIELDS, BETH 11660 68TH AVE SEMINOLE, FL 33772</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																					
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 <b>BETH SHIELDS</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>		 <small>(NOTE: Registered Agent signature required when re-registering)</small>		<b>4/12/07</b> <small>DATE</small>																																																																																																																																					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																					
<b>Make check payable to Florida Department of State</b>																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">T</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STRAIT, PAT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5623 60TH ST N 101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT PETERSBURG, FL 337071030</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BYAN, BOB</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14030 STARBOARD DR. N.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEMINOLE, FL 337761201</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BROWN, SALLY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9291 MERRI MOOR BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO, FL 33777</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TRA</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHIELDS, BETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11660 68TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEMINOLE, FL 33772</td> <td></td> </tr> <tr> <td>TITLE</td> <td>M</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHAREST, ALICE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8534 91ST ST N.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEMINOLE, FL 33777</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DELLINGER, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11739 HADLEIGH WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TRINITY, FL 34655</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TRUSTEE</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PETER SUMMERS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1001 STARKEY RD. # 354</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO, FL 33771</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	T	<input type="checkbox"/> Delete	NAME	STRAIT, PAT		STREET ADDRESS	5623 60TH ST N 101		CITY-ST-ZIP	SAINT PETERSBURG, FL 337071030		TITLE	P	<input type="checkbox"/> Delete	NAME	BYAN, BOB		STREET ADDRESS	14030 STARBOARD DR. N.		CITY-ST-ZIP	SEMINOLE, FL 337761201		TITLE	VP	<input type="checkbox"/> Delete	NAME	BROWN, SALLY		STREET ADDRESS	9291 MERRI MOOR BLVD		CITY-ST-ZIP	LARGO, FL 33777		TITLE	TRA	<input type="checkbox"/> Delete	NAME	SHIELDS, BETH		STREET ADDRESS	11660 68TH AVE		CITY-ST-ZIP	SEMINOLE, FL 33772		TITLE	M	<input checked="" type="checkbox"/> Delete	NAME	CHAREST, ALICE		STREET ADDRESS	8534 91ST ST N.		CITY-ST-ZIP	SEMINOLE, FL 33777		TITLE	D	<input type="checkbox"/> Delete	NAME	DELLINGER, DAVID		STREET ADDRESS	11739 HADLEIGH WAY		CITY-ST-ZIP	TRINITY, FL 34655		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PETER SUMMERS		STREET ADDRESS	1001 STARKEY RD. # 354		CITY-ST-ZIP	LARGO, FL 33771		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete																																																																																																																																							
NAME	STRAIT, PAT																																																																																																																																								
STREET ADDRESS	5623 60TH ST N 101																																																																																																																																								
CITY-ST-ZIP	SAINT PETERSBURG, FL 337071030																																																																																																																																								
TITLE	P	<input type="checkbox"/> Delete																																																																																																																																							
NAME	BYAN, BOB																																																																																																																																								
STREET ADDRESS	14030 STARBOARD DR. N.																																																																																																																																								
CITY-ST-ZIP	SEMINOLE, FL 337761201																																																																																																																																								
TITLE	VP	<input type="checkbox"/> Delete																																																																																																																																							
NAME	BROWN, SALLY																																																																																																																																								
STREET ADDRESS	9291 MERRI MOOR BLVD																																																																																																																																								
CITY-ST-ZIP	LARGO, FL 33777																																																																																																																																								
TITLE	TRA	<input type="checkbox"/> Delete																																																																																																																																							
NAME	SHIELDS, BETH																																																																																																																																								
STREET ADDRESS	11660 68TH AVE																																																																																																																																								
CITY-ST-ZIP	SEMINOLE, FL 33772																																																																																																																																								
TITLE	M	<input checked="" type="checkbox"/> Delete																																																																																																																																							
NAME	CHAREST, ALICE																																																																																																																																								
STREET ADDRESS	8534 91ST ST N.																																																																																																																																								
CITY-ST-ZIP	SEMINOLE, FL 33777																																																																																																																																								
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																							
NAME	DELLINGER, DAVID																																																																																																																																								
STREET ADDRESS	11739 HADLEIGH WAY																																																																																																																																								
CITY-ST-ZIP	TRINITY, FL 34655																																																																																																																																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE	TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME	PETER SUMMERS																																																																																																																																								
STREET ADDRESS	1001 STARKEY RD. # 354																																																																																																																																								
CITY-ST-ZIP	LARGO, FL 33771																																																																																																																																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
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: <b>BETH SHIELDS</b>		<b>TREASURER</b>		<b>4/14/07 727-397-0800</b>																																																																																																																																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>																																																																																																																																					