

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90229 001 ****61.25

DOCUMENT # 751505

1. Entity Name

PINELLAS GENEALOGY SOCIETY, INC.



Principal Place of Business

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

Mailing Address

**C/O LARGO LIBRARY
351 EAST BAY DRIVE
LARGO FL 33770-3715**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2374859**

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

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

**DAMON S. HOSTETLER
107 N. CITRUS AVE
CLEARWATER FL
33765**

Name **DAMON S. HOSTETLER**
Street Address (P.O. Box Number is Not Acceptable)

**107 N. CITRUS AVE
CLEARWATER FL 33765**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-03

FILE NOW: FEE IS \$61.25

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

T ☐ Delete
TITLE
NAME **GRANDMAISON, CHARLES J**
STREET ADDRESS **7068 4TH AVE S**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707-1030**

D ☒ Delete
TITLE
NAME **BRONICK, ROSANNE**
STREET ADDRESS **1715 SHIRLEY PLACE**
CITY-ST-ZIP **LARGO FL 33770**

SD ☐ Delete
TITLE
NAME **DEVERS, GERTRUDE B**
STREET ADDRESS **408 PENNSYLVANIA AVENUE**
CITY-ST-ZIP **CLEARWATER FL 33755-4443**

TD ☐ Delete
TITLE
NAME **HOSSETLER, DAMON**
STREET ADDRESS **107 N CIRUS AVE**
CITY-ST-ZIP **CLEARWATER FL 33765-3104**

VPD ☒ Delete
TITLE
NAME **HAMILTON, ALFRED**
STREET ADDRESS **8352 MEADOW BROOK DR #10**
CITY-ST-ZIP **LARGO FL 33777**

D ☒ Delete
TITLE
NAME **MARJORIE HAZEL**
STREET ADDRESS **8476-15 WAY N**
CITY-ST-ZIP **ST PETERSBURG FL**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE
NAME **LESLIE BATTIS**
STREET ADDRESS **13693 87TH AVE N**
CITY-ST-ZIP **SEMIWOLE, FL 33776-2624**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE
NAME **VP**
STREET ADDRESS **EVAN GLADYS**
CITY-ST-ZIP **PO BOX 4130**
SEMIWOLE, FL 33775-4130

☐ Change ☒ Addition
TITLE
NAME **D**
STREET ADDRESS **DAVID DELLINGER**
CITY-ST-ZIP **552 ATWOOD AVE N**
ST PETERSBURG FL 33702

12. 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 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 or without other like empowered.

SIGNATURE:

DAVID DELLINGER

2-16-03 727-447-5605

CR2E037 (10/02)