

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996-2-15 90 B- 11779-2

DOCUMENT # 753737 (6)

1. Corporation Name

LEADERSHIP PINELLAS, INC.

Principal Place of Business

2168 LITTLE BROOK LN
P O BOX 5986
CLEARWATER FL 34618-5986
US

Mailing Address

2168 LITTLE BROOK LN
P O BOX 5986
CLEARWATER FL 34618-5986
US

3. Date Incorporated or Qualified
08/12/1980

3a. Date of Last Report
03/06/1995

4. FEI Number
59-2424294

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1528 E1 Tair Trail

2a Mailing Address

26 1528 E1 Tair Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 5986

27 P.O. Box 5986

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Country

Zip

Country

24 34618-5986

25 U.S.

29 34618-5986

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAYMOND, J. PAUL
410 PONCE DE LEON BLVD.
BELLEAIR FL 33516

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 ☒ DELETE

NAME RABON, KATHY S.

STREET ADDRESS 107 PARK ST.

CITY-STATE-ZIP SAFETY HARBOR FL

TITLE VPD ☐ DELETE

NAME SPENCE, H. BROWNING

STREET ADDRESS 4140 49TH ST N

CITY-STATE-ZIP ST PETERSBURG FL

TITLE SD ☒ DELETE

NAME RITZ, NANCY J.

STREET ADDRESS 2166 PALMETTO ST.

CITY-STATE-ZIP CLEARWATER FL

TITLE TD ☒ DELETE

NAME DONOGHUE, KEVIN J.

STREET ADDRESS 29605 US 19 N #140

CITY-STATE-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME H. BROWNING SPENCE

1.3 STREET ADDRESS 6698 68th AVE N, SUITE A

1.4 CITY-STATE-ZIP PINELLAS PARK, FL 34665-5060

2.1 TITLE VPD ☐ Change ☒ Addition

2.2 NAME JUDY A. MITCHELL

2.3 STREET ADDRESS 1475 BELCHER RD S, PO BOX 4100

2.4 CITY-STATE-ZIP CLEARWATER, FL 34618-4100

3.1 TITLE SD ☐ Change ☒ Addition

3.2 NAME LINDA S. WILLIAMS

3.3 STREET ADDRESS 3711 TAMPA RD #107

3.4 CITY-STATE-ZIP OLDSMAR, FL 34677

4.1 TITLE TD ☐ Change ☒ Addition

4.2 NAME JAN MARINO

4.3 STREET ADDRESS 35388 US 19 N

4.4 CITY-STATE-ZIP PALM HARBOR, FL 34684

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jan Marino JAN MARINO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

(813) 786-3888
Date Daytime Phone

CR2E037 (12/95)