


FILE NOW: FILING FEE IS \$61.25

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May 14 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753737 (6)**

1. Corporation Name

**LEADERSHIP PINELLAS, INC.**



Principal Place of Business

Mailing Address

1528 EL TAIR TRAIL  
P.O. BOX 5986  
CLEARWATER FL 34618-5986  
US

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P.O. BOX 5986  
CLEARWATER FL 34618-5986  
US

3. Date Incorporated or Qualified  
**08/12/1980**

3a. Date of Last Report  
**02/15/1996**

2. Principal Place of Business

2a. Mailing Address

21 2000 West Bay Drive

26 P.O. Box 5986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #5

27

City & State

City & State

23 Largo, FL

28 Clearwater, FL

Zip

Country

Zip

Country

24 33770

25 USA

29 34618

30 USA

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

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **SPENCE, H B**  
STREET ADDRESS **8898 68TH AVENUE NORTH, SUITE A**  
CITY-ST-ZIP **PINELLAS PARK FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VPD** ☒ DELETE  
NAME **SPENCE, H. BROWNING**  
STREET ADDRESS **4140 49TH ST N**  
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **VPD** ☐ DELETE  
NAME **MITCHELL, JUDY A**  
STREET ADDRESS **1475 BELCHER ROAD SOUTH, P.O. BOX 4100**  
CITY-ST-ZIP **CLEARWATER FL**

3.1 TITLE **PD** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **Clearwater, FL 34618**

TITLE **SD** ☒ DELETE  
NAME **WILLIAMS, LINDA S**  
STREET ADDRESS **3711 TAMPA ROAD, # 107**  
CITY-ST-ZIP **OLDSMAR FL**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **SD**  
4.3 STREET ADDRESS **Gray, Martha**  
4.4 CITY-ST-ZIP **3095-114th Avenue St. Petersburg, FL 33716**

TITLE **TD** ☐ DELETE  
NAME **MARINO, JAN**  
STREET ADDRESS **35388 US 19 N**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do 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.

CR2E037 (9/96)