


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90063 006 ****61.25

DOCUMENT # 753737 1. Entity Name LEADERSHIP PINELLAS, INC.					
Principal Place of Business P O BOX 5986 CLEARWATER, FL 33758-5986 US			Mailing Address P O BOX 5986 CLEARWATER, FL 33758-5986 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2424294	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COREN, HARRIET K 146 GULL AIRE BLVD. OLDSMAR, FL 34677			7. Name and Address of New Registered Agent Name COREN, HARRIET K Street Address (P.O. Box Number is Not Acceptable) 253 WOODLAKE WYNDE City OLDSMAR FL Zip Code 34677		
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 _____ <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, 2005		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	PD DANIELS, SCOTT L 1998 GULF TO BAY BLVD CLEARWATER, FL 33765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAND, ARTHUR C 19353 US 19 N #101 CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALLAN, JOHN P 1000 PINELLAS STREET CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATRICK, SUZANNE E 1000 PINELLAS ST CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOLLENBACK, MICHAEL D 1000 PINELLAS SR CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELIAS, CHESTER G 2555 ENTERPRISE RD #11-3 CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOUDEAU, CYNTHIA 112 S OSCEOLA AVE CLEARWATER, FL 33758	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.					
SIGNATURE: <u>John P. Callan</u>			4/27/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		