

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON, OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756201 (0)

1. Corporation Name

UNITED PINELLAS NURSING LEADERS, INC.

Principal Place of Business

Mailing Address

P O BOX 34
LARGO FL 33779-034
US

P O BOX 34
LARGO FL 33779-034
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/04/1981

4. FEI Number

59-2187336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

LINDER, KATHY
13066 FARMINGTON TR
SEMINOLE FL 33776

81 Name

Kathleen Linden

82 Street Address (P.O. Box Number is Not Acceptable)

13066 Farmington Tr
Seminole

83

84 City

FL

85 Zip Code

33776

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

Kathleen Linden

(NOTE: Registered Agent signature required when reinstating)

DATE

9/17/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LINDEN, KATHLEEN	
STREET ADDRESS	13066 FARMINGTON TR	
CITY-ST-ZIP	SEMINOLE FL	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ROTH, MICHAEL	
STREET ADDRESS	701 PALM CIRCLE	
CITY-ST-ZIP	LARGO FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	NERO, CARRIE	
STREET ADDRESS	5206 CAESAR WAY SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	CLARKE, CAROL	
STREET ADDRESS	13169 LINDEN PL	
CITY-ST-ZIP	SEMINOLE FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FARMER, SHIRLEY	
STREET ADDRESS	300 E BAY DR	
CITY-ST-ZIP	LARGO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KERWIN, DENISE	
STREET ADDRESS	11700 CAPRI CIR S	
CITY-ST-ZIP	TREASURE ISLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Denise Kerwin	
1.3 STREET ADDRESS	11700 Capri Cir S	
1.4 CITY-ST-ZIP	Treasure Island, FL	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carmie Nero	
2.3 STREET ADDRESS	5206 Caesar Way S.	
2.4 CITY-ST-ZIP	St. Petersburg FL	

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kathleen Linden	
3.3 STREET ADDRESS	13066 Farmington Tr.	
3.4 CITY-ST-ZIP	Seminole, FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	100002689241-73	
4.3 STREET ADDRESS	-11/17/98-01037-008	
4.4 CITY-ST-ZIP	*****61.25 *****61.25	

5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Carolyn Laskey	
5.3 STREET ADDRESS	1326 3rd Ave S.	
5.4 CITY-ST-ZIP	St. Petersburg, FL	

6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Florence Desch	
6.3 STREET ADDRESS	1220 52nd Ave N.	
6.4 CITY-ST-ZIP	St. Petersburg, FL	

14. 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 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:

Kathleen Linden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

8/26/98 480-7747

FILED

98 NOV 12 AM 9:14

SECRETARY OF STATE



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CR2E037 (5/98)