2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 07, 2005 08:00 AM **DOCUMENT # 761802** 1. Entity Name **Secretary of State** PARK EAST OF PINELLAS PARK, INC. Principal Place of Business Mailing Address 5117 70TH PLACE N. 5650 PARK BLVD PINELLAS PARK FL 33781 SUITE 1 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2445190 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRED H HALE Street Address (P.O. Box Number is Not Acceptable) 5650 PARK BLVD STE 1 PINELLAS PARK FL 33781 Zip Code 3. 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 profed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE ☐ Change Addition CARINI, ANDREW NAME U00000219030 5115 70TH PLACE N STREET ADDRESS STREET ADDRESS 02/08/05-80012-001 61.25 PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-ZIF VD HILL Delete TITLE ☐ Change ☐ Addition VALDEZ, DENA NAME 5030 70TH PLACE N SUBJECT ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 CHY-ST-ZIP CITY-ST-ZIP TITLE Delete tritt ☐ Change Addition MARIF WITKO, SHARON NAME 5047 70TH PLACE N STREET ADDRESS STREET ADDRESS CITY - ST - ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP _____ Delete ☐ Change ☐ Addition THOMAS, FLORENCE NAME NAME 5015 70TH PL N STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 CITY ST-7IP CITY: ST- ZIP Delete TITLE TITLE ☐ Change Addition FRAZIER, EILEEN NAME NAME 5015 70TH PLACE N STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-ZIP mili ☐ Defete THE ☐ Change Addition NAM NAME CHRIFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not additify for the exemption stated in Section 119.07(3)[i], Florida Statutes I further certify that the information indicated on this report or supplemental leport 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 employee of the 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 approvered.

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