


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90029 006 ****61.25

DOCUMENT # 765031 1. Entity Name THE PINELLAS PARK FOUNDATION, INC.	
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Principal Place of Business 5851 PARK BLVD. PINELLAS PARK, FL 33781	Mailing Address 5851 PARK BLVD. PINELLAS PARK, FL 33781
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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02072006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2250889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORRAO, EDWARD T C/O PINELLAS PARK CHAMBER OF COMMERCE 5851 PARK BLVD. PINELLAS PARK, FL 33781	7. Name and Address of New Registered Agent Name <u>meni Kanner</u> Street Address (P.O. Box Number is Not Acceptable) <u>5010 PARK BLVD</u> City <u>Pinellas Park</u> FL <u>33781</u> Zip Code <u>33781</u>
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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 Edward T. Corrao DATE 2/9/2006

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MCKENZIE, STAN 4140 49TH ST. N. ST. PETERSBURG, FL 33709			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D HOFGREN, GENE 4350 DUHME RD. MADEIRA BEACH, FL 33708		LOFGREN, GENE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D MUEET, ETHEL 9001 BELCHER RD. PINELLAS PARK, FL 33782		P MUEET, ETHEL 9001 BELCHER RD. PINELLAS PARK, FL 33782	
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
D TRICE, PAUL 9190 SEMINOLE BLVD. SEMINOLE, FL 33772			
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
D HODGES, NANCY P.O. BOX 1170 PINELLAS PARK, FL 33780			
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
D COOLEY, MIKE 7671 US 19 N PINELLAS PARK, FL 33781			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Etzel Mudd, President DATE 2-9-06 DAYTIME PHONE # 727-547-4777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR