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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766523

1. Corporation Name

THE PINELLAS COUNTY VOLUNTARY HEALTH ASSOCIATION S, INC.

Principal Place of Business

6170 CENTRAL AVE
ST PETERSBURG FL 33707
US

Mailing Address

6170 CENTRAL AVE
ST. PETERSBURG FL 33707
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

01/12/1983

22 City & State

27 City & State

4. FEI Number
59-2246944

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 25

29 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITLOCK, NANCY
6170 CENTRAL AVE
ST. PETERSBURG FL 33707

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 *Nancy Whitlock*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD DELETE

NAME WHITLOCK, NANCY
STREET ADDRESS 6170 CENTRAL AVE
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE Change Addition

TITLE CD DELETE

NAME APRIL TAYLOR
STREET ADDRESS 9455 KOGER BLVD #100
CITY-ST-ZIP ST PETERSBURG FL

2.1 TITLE Change Addition

TITLE TD DELETE

NAME SWAIN, ROBERT C
STREET ADDRESS 9600 KOGER BLVD #203
CITY-ST-ZIP ST. PETERSBURG FL

3.1 TITLE Change Addition

TITLE D DELETE

NAME SKOLBURG, CARLA A
STREET ADDRESS 9721 EXECUTIVE CENTER DR N #210
CITY-ST-ZIP ST PETERSBURG FL

4.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

D
Burton Deane
2226 Snead Ave.
Dunedin FL 34698

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, with all other like empowered.

SIGNATURE:

Nancy Whitlock SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

727-347-6133

Date

Daytime Phone #

CR2E037 (11/98)