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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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/12/1983

4. FEI Number

59-2246944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WHITLOCK, NANCY  
6170 CENTRAL AVE  
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

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

TITLE SD ☐ DELETE

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

TITLE CD ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE D ☒ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D  
Burton Deane  
2226 S nead 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

DATE 1-5-99 727-347-6133  
Daytime Phone #

CR2E037 (1/98)