## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36954

Entity Name: PINELLAS COUNTY BAR ASSOCIATION, INC.

**FILED** May 01, 2007 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

314 SOUTH MISSOURI AVENUE, SUITE 107 CLEARWATER, FL 33756

**Current Mailing Address: New Mailing Address:** 

314 SOUTH MISSOURI AVENUE, SUITE 107 CLEARWATER, FL 33756

FEI Number: 59-3017274 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

FRANCE, KAREN FRANCE, KAREN E 314 S. MISSOURI AVE. 314 S. MISSOURI AVE. SUITE 107 SUITE 107

CLEARWATER, FL 33756 US CLEARWATER, FL 33756 US

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.

SIGNATURE: KAREN E. FRANCE 05/01/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition DEMERS, SUSAN SHOWERS, GREGORY K Name: Name: 2465 DREW STREET 133 FORT HARRISON AVE. Address: Address: CLEARWATER, FL 33765 US City-St-Zip: City-St-Zip: CLEARWATER, FL 33755 US

VΡ Title: Title: () Delete (X) Change ( ) Addition

Name: COLE, JEWEL W Name: COLE, JEWEL W 315 COURT STREET 315 COURT STREET Address: Address: CLEARWATER, FL 33756 US CLEARWATER, FL 33756 US City-St-Zip: City-St-Zip:

Title: Title: ( ) Delete () Change () Addition

CAMPBELL, KIMBERLY A Name: Name: 1172 BROWNELL STREET, SUITE 1 Address: Address:

CLEARWATER, FL 33756 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change () Addition RIVELLINI, PETER A Name: Name:

Address: PO BOX 1368 Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33757

Title: Title: ( ) Change (X) Addition () Delete

ALBINSON, JEFFREY A Name: Name: Address: Address: 4625 EAST BAY DRIVE, SUITE 110

City-St-Zip: City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: JEWEL WHITE COLE 05/01/2007