2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36954

Entity Name: PINELLAS COUNTY BAR ASSOCIATION, INC.

FILED Apr 03, 2008 Secretary of State

				N B : : IBI (B :	
Current Principal Place of Business:			New Princ	cipal Place of Business:	
314 SOUTH MISSOURI AVENUE, SUITE 107 CLEARWATER, FL 33756					
Current Mailing Address:			New Maili	ing Address:	
314 SOUTH MISSOURI AVENUE, SUITE 107 CLEARWATER, FL 33756					
FEI Number: 59-3017274 FEI Number Applied For ()		El Number Not Appl	Dlicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
FRANCE, KAREN E 314 S. MISSOURI AVE. SUITE 107 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:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () C SHOWERS, GRE 133 FORT HARR CLEARWATER, F	RISON AVE.	Title: Name: Address: City-St-Zip:	P (X) Change () Addition SHOWERS, GREGORY K 133 FORT HARRISON AVE. CLEARWATER, FL 33755 US	
Title: Name: Address: City-St-Zip:	P () C COLE, JEWEL W 315 COURT STR CLEARWATER, F	EET	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition ALBINSON, JEFFREY A 4625 EAST BAY DR, SUITE 110 CLEARWATER, FL 33764 US	
Title: Name: Address: City-St-Zip:	CAMPBELL, KIMI	L STREET, SUITE 1	Title: Name: Address: City-St-Zip:	S (X) Change () Addition STINSON, SHERRI M 1239 S MYRTLE AVE CLEARWATER, FL 33756	
Title: Name: Address: City-St-Zip:	T () C RIVELLINI, PETE PO BOX 1368 CLEARWATER, F		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ALBINSON, JEFF	DRIVE, SUITE 110	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CORSMEIER, JOSEPH A 4625 EAST BAY DRIVE, SUITE 110 CLEARWATER, FL 33764	
Title: Name: Address: City-St-Zip:	() [Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition DONNELLY, THOMAS J 1172 BROWNELL, SUITE 1 CLEARWATER, FL 33756	

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.

SIGNATURE: GREGORY K. SHOWERS P 04/03/2008