

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004466

FILED
May 01, 2008
Secretary of State

Entity Name: PINELLAS AREA REFEREES, INC.

Current Principal Place of Business:

315 EAST FORD STREET
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

P O BOX 10212
ST. PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 59-3474374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REEDY, BERNARD SR
315 EAST FORD STREET
TAMPA, FL 33604 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

OFFICERS AND DIRECTORS:

Title: TT () Delete
Name: MYRICK, EDREKA D
Address: 2894 63RD AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: ST () Delete
Name: SIMMONS, SONYA
Address: 2264 22ND AVE. S.
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: VT () Delete
Name: NEWTON, MICHAEL
Address: 4301 TUNA DR. SE
City-St-Zip: ST. PETERSBURG, FL 33705

Title: PD () Delete
Name: REEDY, BERNARD SR
Address: 315 EAST FORD STREET
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: GRUBB, KITTY
Address: 7631 CARVER COURT
City-St-Zip: SEMINOLE, FL 33772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDREKA D. MYRICK

TT

05/01/2008

Electronic Signature of Signing Officer or Director

Date