

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90001 004 ****61.25

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1. Entity Name

PINELLAS PHARMACIST ASSOCIATION, INC.



Principal Place of Business

9357 BLIND PASS ROAD APT #202
ST PETE BEACH FL 33706

Mailing Address

PO BOX 40243
ST PETERSBURG FL 33743

54055500



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3038781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALZER, LARRY J
9357 BLIND PASS ROAD APT #202
ST PETE BEACH FL 33706

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Larry J Salzer

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

(NOTE: Registered Agent signature required when reinstating)

3/07/04

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME LENNOR, RICHARD ☒ Delete
STREET ADDRESS 5421 STAN THICKET LANE
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE PRESIDENT ☐ Change ☒ Addition
NAME LENNOR, MICHAEL
STREET ADDRESS 5431 STAN THICKET LANE
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D
NAME HOFFMAN, DENNIS ☒ Delete
STREET ADDRESS 13300 92ND AVE NORTH
CITY-ST-ZIP SEMINOLE FL 33776

TITLE MOORE, JOHN ☐ Change ☒ Addition
NAME
STREET ADDRESS 3167 62 ST. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE VP
NAME ZAGAMI, PAUL ☐ Delete
STREET ADDRESS 1006 FIRST ST
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME MEIGGS, BONNIE ☐ Delete
STREET ADDRESS 12585 74TH AVE NORTH
CITY-ST-ZIP SEMINOLE FL 33776

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SALZER, LARRY J ☐ Delete
STREET ADDRESS 9357 BLIND PASS ROAD APT #202
CITY-ST-ZIP ST PETE BEACH FL 33706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MONACO, PHILIP ☐ Delete
STREET ADDRESS 1719 MANDALAY DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Lawrence J. Salzer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE J. SALZER (727) 363-1441

3/7/04

Daytime Phone #