

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90209 027 ****61.25

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1. Entity Name

PINELLAS PHARMACIST ASSOCIATION, INC.



Principal Place of Business

3167-62ST NO
SAINT PETERSBURG FL 33710

Mailing Address

PO BOX 40243
ST PETERSBURG FL 33743



2. Principal Place of Business

HOSPICE CONFERENCE CENTER

3. Mailing Address

PO Box 40243

Suite, Apt. #, etc.

58 ST NO AND AT ROOSEVELT BLVD

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

ST. PETERSBURG, FL

Zip

Country

USA

Zip

33710

Country

USA

4. FEI Number

59-3038781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

MOORE, JOHN B
3167 62 ST NO
SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE ☒ D ☐ Delete
NAME LENNOX, MICHELE
STREET ADDRESS 5431 STAG THICKET LANE
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ D ☐ Delete
NAME MOORE, JOHN
STREET ADDRESS 3167 62 ST. NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33710

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS ELLEN O'DONNELL
1646 WHITE WOOD DR.
CITY-ST-ZIP CLEARWATER, FL 33756

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

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

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS JOHN CONE
10866-53AVNG
CITY-ST-ZIP ST. PETERSBURG, FL 33708

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

John B. Moore

4-25-06 7273456596