## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 14, 2008 8:00 am Secretary of State DOCUMENT # N01000008919 05-14-2008 90020 020 \*\*\*\*61.25 PINELLAS PHARMACIST ASSOCIATION, INC. Principal Place of Business Mailing Address HOSPICE CONFERENCE CENTER PO BOX 40243 58 ST. NO AT ROOSEVELT BLVD LARGO FL ST PETERSBURG FL 33743 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-3038781 Not Applicable Zip Country "- Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, JOHN B 3167 62 ST NO Street Address (P.O. Box Number is Not Acceptable) SAINT PETERSBURG FL 33710 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. Lam tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Bogistered Agent signature rod-used when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 31 P. 111 P. 11 P. 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE **Addition** ☐ Change LENNOX, MICHELE EVA SUNELL NAME NAME 5431 STAG THICKET LANE P.O. BOX 40014 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP CITY-ST-ZIP St Petersburg, FL 33743 TITLE ☐ Delete TITLE MOORE, JOHN GERMAIN SIRSS NAME NAME 3634 SHORE BLUP 3167 62 ST. NORTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33710 OLDSMAR, FL 34677 CITY-ST-7IP CITY-ST-ZIP TOTLE TITLE Change O'DONNELL, ELLEN--ROBERT-MERADA NAME NAME 3/26 - 65 WATNO 1646 WHITE WOOD DR STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 CITY-ST-ZIP CITY-ST-ZIP St. Paterslams, FL 33710 TITLE ☐ Delete ☐ Change Addition RICHARD BATTAGLIA MEIGGS, BONNIE NAME NAME 2001 - 83 AV No LOF 1/38 12585 74TH AVE NORTH STREET ADDRESS STREET ADDRESS SEMINOLE FL 33776 CITY-ST-7/P St. Petersburg, Fl CITY-ST-ZIP Delete TOTLE TITLE Change Addition SALZER, LARRY J ALTON TOWER NAME NAME 9357 BLIND PASS ROAD APT #202 7327 DANBURY WAY STREET ADDRESS STREET ADDRESS ST PETE BEACH FL 33706 CLEARUNATER, FL 33764. CITY-ST-ZIP CITY-ST-ZIP ● り TITLE ☐ Delete TITLE ☐ Change Addition CONE, JOHN PHIL MONACO NAME NAME STREET ADDRESS 10866 56 AVE NORTH ITIG MANDALAY DR STREET ADDRESS SAINT 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.

CITY-ST-7/P

TARPON SPEINGS, 1-L

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-08 (727) 345-6596

34689

FILED

Balance.Sheet As of 4/22/08

4 NO1000 008919

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4/22/08

Account	4/22/08 Balance
ASSETS	
Cash and Bank Accounts .Pinellas Pharmacy Association	
Ending Balance	16,848.39
plus: Checks Payable	53.00
TOTAL .Pinellas Pharmacy Associa	16,901.39
TOTAL Cash and Bank Accounts	16,901.39
TOTAL ASSETS	16,901.39
LIABILITIES & EQUITY	
LIABILITIES Checks Payable TOTAL LIABILITIES	53.00
EQUITY	16,848.39
TOTAL LIABILITIES & EQUITY	16,901.39