

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001164

1. Entity Name
PUBLIC SERVICE EDUCATION FOUNDATION OF
PINELLAS PARK, INC.



Principal Place of Business

1401 CRESTWOOD COURT NORTH
SAFETY HARBOR, FL 34695

Mailing Address

1401 CRESTWOOD COURT NORTH
SAFETY HARBOR, FL 34695



03222004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4484668

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, THOMAS E
100 2ND AVENUE NORTH
SUITE 300
ST. PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OWENS, THOMAS L
STREET ADDRESS	1401 CRESTWOOD COURT NORTH
CITY- ST- ZIP	SAFETY HARBOR, FL 34695
TITLE	VPD
NAME	WALKER, JAMES D
STREET ADDRESS	12322 68TH STREET
CITY- ST- ZIP	LARGO, FL 33773
TITLE	VPD
NAME	SALCH, MARY ANN
STREET ADDRESS	5311 72ND AVENUE
CITY- ST- ZIP	PINELLAS PARK, FL 33781
TITLE	VPD
NAME	CADDELL, TIMOTHY J
STREET ADDRESS	12062 68TH STREET NORTH
CITY- ST- ZIP	LARGO, FL 33773
TITLE	VPD
NAME	PONCE, BARBARA S
STREET ADDRESS	1879 74TH AVENUE NORTH
CITY- ST- ZIP	ST. PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/25/04-80032-009 61.25

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IN THIS SPACE**

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:

Mary Ann Salch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY ANN SALCH

3/22/04

Date

727-541-0715

Daytime Phone #