


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # N02000001164 1. Entity Name PUBLIC SERVICE EDUCATION FOUNDATION OF PINELLAS PARK, INC.	
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Principal Place of Business 5171 78TH AVENUE NORTH PINELLAS PARK, FL 33781	Mailing Address P. O. BOX 2103 PINELLAS PARK, FL 33781
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 36-4484668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STAFFORD, KEMBERLY A 7692 132ND WAY NORTH SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALKER, JAMES D 12322 68TH STREET LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALCH, MARY ANN 5311 72ND AVENUE PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CADDRELL, TIMOTHY J 12062 68TH STREET NORTH LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PONCE, BARBARA S 1879 74TH AVENUE NORTH ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/08-80046-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 1/9/08 727-541-0715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #