## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000001164

PONCE, BARBARA S

1879 74TH AVENUE NORTH

ST. PETERSBURG, FL 33702

Name:

Address:

City-St-Zip:

FILED Mar 30, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 5171 78TH AVENUE NORTH PINELLAS PARK, FL 33781 **Current Mailing Address: New Mailing Address:** P. O. BOX 2103 PINELLAS PARK, FL 33781 FEI Number: 36-4484668 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REYNOLDS, THOMAS E 100 2ND AVENUE NORTH SUITE 300 ST. PETERSBURG, FL 33701 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Change () Addition ( ) Delete STAFFORD, KEMBERLY A Name: Name: 7692 132ND WAY NORTH Address: Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: Title: STD () Delete Title: () Change () Addition WALKER, JAMES D Name: Name: Address: 12322 68TH STREET Address: City-St-Zip: LARGO, FL 33773 City-St-Zip: Title: () Delete Title: VPD (X) Change ( ) Addition SALCH, MARY ANN SALCH, MARY ANN Name: Name: Address: 5311 72ND AVENUE Address: **5311 72ND AVENUE** City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: PINELLAS PARK, FL 33781 Title: VPD Title: PD (X) Change ( ) Addition ( ) Delete Name: CADDELL, TIMOTHY J Name: CADDELL, TIMOTHY J Address: 12062 68TH STREET NORTH Address: 12062 68TH STREET NORTH City-St-Zip: LARGO, FL 33773 City-St-Zip: LARGO, FL 33773 VPD Title: () Delete Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

NICHOLLS, TIM

P. O. BOX 2103

PINELLAS PARK, FL 33780 21

SIGNATURE: MARY ANN SALCH VPD 03/30/2009