

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003243

FILED
Apr 15, 2004
Secretary of State**Entity Name:** PINELLAS COUNTY DROP IN CENTER INC.**Current Principal Place of Business:**6651 49TH ST. N.
PINELLAS PARK, FL 33781**New Principal Place of Business:****Current Mailing Address:**6651 49TH ST. N.
PINELLAS PARK, FL 33781**New Mailing Address:****FEI Number:** 52-2238915**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**OLSON, LYNN M
6651 49TH ST. N.
PINELLAS PARK, FL 33781**Name and Address of New Registered Agent:**

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:

Title: P () Delete
Name: CURRY, ROGER
Address: 6025 81ST AVE N.
City-St-Zip: PINELLAS PARK, FL 33781

Title: V () Delete
Name: LAPIERRE, KENNETH
Address: 4125 PARK ST N.
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: S () Delete
Name: LAUASSUR, JOHN
Address: 93208 1ST N.
City-St-Zip: PINELLAS PARK, FL 33782

Title: TD () Delete
Name: OLSON, LYNN
Address: 6680 50ST N.
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: ANDERSON, JOANNE
Address: 7919 CAUSEWAY BLVD S
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: D () Delete
Name: MAYAN, BILL
Address: 10164 44ST N.
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LYNN M. OLSON

TREA

04/15/2004

Electronic Signature of Signing Officer or Director

Date