

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008185

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** PINELLAS COUNTY COALITION OF SMALL BUSINESS, INC.

**Current Principal Place of Business:**

1720 STARKEY ROAD  
LARGO, FL 33771

**New Principal Place of Business:**

**Current Mailing Address:**

1720 STARKEY ROAD  
LARGO, FL 33771

**New Mailing Address:**

**FEI Number:** 51-0438688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCINTYRE, ROBERT D  
1720 STARKEY ROAD  
LARGO, FL 33771 US

**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: D/P ( ) Delete  
Name: MCLNTYRE, ROBERT D  
Address: 1720 STARKEY ROAD  
City-St-Zip: LARGO, FL 33771

Title: D/VP ( ) Delete  
Name: MCLNTYRE, JOANNE  
Address: 1720 STARKEY ROAD  
City-St-Zip: LARGO, FL 33771

Title: D/T ( ) Delete  
Name: RAMIREZ, WENDY L  
Address: 1720 STARKEY ROAD  
City-St-Zip: LARGO, FL 33771

Title: D/S ( ) Delete  
Name: LOSTRAGLIO, MELISSA M  
Address: 1720 STARKEY RD  
City-St-Zip: LARGO, FL 33771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D/P (X) Change ( ) Addition  
Name: MCINTYRE, ROBERT D  
Address: 1720 STARKEY ROAD  
City-St-Zip: LARGO, FL 33771

Title: D/VP (X) Change ( ) Addition  
Name: MCINTYRE, JOANNE  
Address: 1720 STARKEY ROAD  
City-St-Zip: LARGO, FL 33771

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 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.

SIGNATURE: WENDY RAMIREZ

T

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date