## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000324

FILED Apr 30, 2004 Secretary of State

Entity Name: SEPIA OF PINELLAS COUNTY, INCORPORATED

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P.O. BOX 95 CLEARWATER, FL 33757					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX 9 CLEARWA	5 TER, FL 33757	,			
FEI Number: (	05-9990801	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:					
PARKER, SAMUEL 1271 SEMINOLE ST. CLEARWATER, FL 33755 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 Agen	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E GLENN, KELLIS 1561 LONG ST. CLEARWATER, F	Delete FL 33755	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	VD () E BREWTON, LIND 1118 HARRIS LA CLEARWATER, F	NE	Title: Name: Address: City-St-Zip:	( ) Change() Addition	
Title: Name: Address: City-St-Zip:	SD ()E BREWTON, LIND 1118 HARRIS LA CLEARWATER, F	NE	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	TD () E LEWIS, BEATRIC 1113 BRWONEL CLEARWATER, F	L ST.	Title: Name: Address: City-St-Zip:	( ) Change() Addition	
Title: Name: Address: City-St-Zip:	D ()E MCDOUGAL, ES 1338 MADISON A CLEARWATER, F	AVE. S.	Title: Name: Address: City-St-Zip:	( ) Change() Addition	
Title: Name: Address: City-St-Zip:	SD () E GULLEY, ISAY M 1246 ELDRIDGE CLEARWATER, F	ST.	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
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: KELLIS GLENN

PD 04/30/2004