2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000324

FILED May 09, 2007 Secretary of State

Entity Name: SEPIA OF PINELLAS COUNTY, INCORPORATED

Current Principal Place of Business: P.O. BOX 95 CLEARWATER, FL 33757 Current Mailing Address: New Mailing Address: CLEARWATER, FL 33755 CLEARWATER, FL 33755 FEI Number 05-990801 FEI Number Applied For () In accordance with s. 607.1982/tjb., F.S., the corporation did not receive the prior notice. Name and Address of Status Desired () In accordance with s. 607.1982/tjb., F.S., the corporation did not receive the prior notice. 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 Agent OFFICERS AND DIRECTOR: Title: PD () Delete Name: GLENN, KELLIS Address: Clty-St-Zip: CLEARWATER, FL 33755 Clty-St-Zip: CLEARWATER, FL 33755 Clty-St-Zip: ClteARWATER, FL 33755 Clty-St-Zip: ClteARWATER, FL 33755 Clty-St-Zip: ClteARWATER, FL 33755 Clty-St-Zip:					
CLEARWATER, FL 33757 CRUTTENT Mailling Address: New Mailing Address: P.O. BOX 95 CLEARWATER, FL 33757 CLEARWATER, FL 33757 CLEARWATER, FL 33755 FEI Number applied For () FEI Number applied For () FEI Number total Applicable () Certificate of Status Desired () in accordance with s. 607.1938(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: Name and Address of Florida. SIGNATURE: Electronic Signature of Registered Agent OPFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: PD () Delete Title: () Change () Addition Name: Address: CleARWATER, FL 33755 CIESTAID Address: CIESTAID Address	Current P	rincipal Place of Business:	New Principal Place of Business:		
Current Mailing Address: P.O. BOX 95 CLEARWATER, FL 33757 1561 LONG ST CLEARWATER, FL 33755 PEI Number: 05-9990801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () in accordance with s. 007.193(2)(b), F.S., the corporation did not receive the prior notice. 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 Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR. Title: O	P.O. BOX 95		1561 LONG ST		
P.O. BOX 95 CLEARWATER, FL 33757 CLEARWATER, FL 33755 FEI Number: 05-9990801 In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARKER, SAMUEL 1271 SEMINOLE ST. 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	CLEARWA	ATER, FL 33757	CLEARWATER, FL 33755		
CLEARWATER, FL 33757 CLEARWATER, FL 33755 FEI Number: 05-9990801	Current Mailing Address:		New Mailing Address:		
FEI Number: 05-9990801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name: Address of New Registered Agent: Name: Address of New Registered Agent: Name: Address: Obtained a part of the purpose of changing its registered office or registered agent, or both, nothing the part of the purpose of changing its registered office or registered Agent: Date Total Address: Obtained a part of the purpose of changing its registered office or registered Agent: Name: Address: () Change () Addition Address: Name: Address: () Change () Addition Name: Address: () Change () Addition Name: LE MON. PATRICIA Address: () City-St-Zip: Category and Address: () City-St-Zip: Category and Address: () City-St-Zip: Category and Address: () Change () Addition Name: Address: () City-St-Zip: Category and Address: () Change () Addition Name: Address: () Change () Addition Name: Address: () Change () Addition Name: ()			1561 LONG ST		
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In the State of Florida. SIGNATURE:	1271 SEMI	NOLE ST.			
Electronic Signature of Registered Agent Date DFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. Title:			of changing its registered office or registered agent, o	r both,	
ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR: Title: PD () Delete Title: () Change () Addition Name: GLENN, KELLIS Address: 1561 LONG ST. Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: V () Delete Title: () Change () Addition Name: BRIDGES, ALMA Address: 1509 BARBARA AVE City-St-Zip: CLEARWATER, FL 33755 Title: S () Delete Title: S (X) Change () Addition Name: LEMON, PATRICIA Address: 101 WOODBURN CT City-St-Zip: SAFETY HARBOR, FL 34695 Title: D (X) Delete Title: () Change () Addition Name: MCDOUGAL, ESSIE Name	SIGNATUF	RE:			
Title:		Electronic Signature of Registered Agent	Date		
Name: GLENN, KELLIS Name: Address: 1561 LONG ST. Address: 1561 LONG ST. Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: CLEARWATER, FL 33756	OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Name: BRIDGES, ALMA Name: Address: 1509 BARBARA AVE Address: 1509 BARBARA AVE Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: S () Delete Title: S (X) Change () Addition Name: LEMON, PATRICIA Name: LEMON, PATRICIA Address: 101 WOODBURN CT Address: 101 WOODBURN CT City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695 Name: Address: 1338 MADISON AVE. S. Address: 1338 MADISON AVE. S. Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, SAMUEL Name: PARKER, SAMUEL Name: PARKER, SAMUEL Name: PARKER, SAMUEL Name: Address: 1271 SEMINOLE ST	Name: Address:	GLENN, KELLÍS 1561 LONG ST.	Name: Address:		
Name: EVANS, ROSA Address: 611 FAIRMONT ST City-St-Zip: CLEARWATER, FL 33755 Title: S () Delete Name: LE MON, PATRICIA Address: 101 WOODBURN CT City-St-Zip: SAFETY HARBOR, FL 34695 Title: D (X) Delete Title: S (X) Change () Addition Name: LEMON, PATRICIA Address: 101 WOODBURN CT City-St-Zip: SAFETY HARBOR, FL 34695 Title: D (X) Delete Title: () Change () Addition Name: MCDOUGAL, ESSIE Address: 1338 MADISON AVE. S. City-St-Zip: CLEARWATER, FL 33756 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: ClearWater, FL 33756 Title: D () Delete Title: () Change () Addition Name: Address: Address	Name: Address:	BRIDGES, ALMA 1509 BARBARA AVE	Name: Address:		
Name: LE MON, PATRICIA Address: 101 WOODBURN CT City-St-Zip: SAFETY HARBOR, FL 34695 Title: D (X) Delete Name: MCDOUGAL, ESSIE Address: 1338 MADISON AVE. S. City-St-Zip: CLEARWATER, FL 33756 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Clearwater, FL 33756 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Clearwater, FL 33756 Title: D () Change () Addition Name: PARKER, SAMUEL Name: PARKER, SAMUEL Address: 1271 SEMINOLE ST Name: Address:	Name: Address:	EVANS, ROSA 611 FAIRMONT ST	Name: Address:		
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Name: PARKER, SAMUEL Name: Address: 1271 SEMINOLE ST Address:	Name: Address:	MCDOUGAL, ESSIE 1338 MADISON AVE. S.	Name: Address:		
	√ame: Address:	PARKER, SAMUEL 1271 SEMINOLE ST	Name: Address:		

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: KELLIS M. GLENN PRES 05/09/2007