

# 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

**New Principal Place of Business:**

1561 LONG ST  
CLEARWATER, FL 33755

**Current Mailing Address:**

P.O. BOX 95  
CLEARWATER, FL 33757

**New Mailing Address:**

1561 LONG ST  
CLEARWATER, FL 33755

**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:**

PARKER, SAMUEL  
1271 SEMINOLE ST.  
CLEARWATER, FL 33755      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: PD      ( ) Delete  
Name: GLENN, KELLIS  
Address: 1561 LONG ST.  
City-St-Zip: CLEARWATER, FL 33755

Title: V      ( ) Delete  
Name: BRIDGES, ALMA  
Address: 1509 BARBARA AVE  
City-St-Zip: CLEARWATER, FL 33755

Title: S      ( ) Delete  
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  
Name: MCDOUGAL, ESSIE  
Address: 1338 MADISON AVE. S.  
City-St-Zip: CLEARWATER, FL 33756

Title: D      ( ) Delete  
Name: PARKER, SAMUEL  
Address: 1271 SEMINOLE ST  
City-St-Zip: CLEARWATER, FL 33755

**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: S      (X) Change ( ) Addition  
Name: LEMON, PATRICIA  
Address: 101 WOODBURN CT  
City-St-Zip: SAFETY HARBOR, FL 34695

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: KELLIS M. GLENN

PRES

05/09/2007

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

\_\_\_\_\_  
Date