

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000324

FILED
Apr 21, 2008
Secretary of State

Entity Name: SEPIA OF PINELLAS COUNTY, INCORPORATED

Current Principal Place of Business:

1561 LONG ST
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1561 LONG ST
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 05-9990801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: LEMON, PATRICIA
Address: 101 WOODBURN CT
City-St-Zip: SAFETY HARBOR, FL 34695

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: () 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

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date