

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000324

**FILED**  
**Feb 13, 2012**  
**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  
**Name:** GLENN, KELLIS M  
**Address:** 1561 LONG ST.  
**City-St-Zip:** CLEARWATER, FL 33755

**Title:** V  
**Name:** BRIDGES, ALMA K  
**Address:** 1509 BARBARA AVE  
**City-St-Zip:** CLEARWATER, FL 33755

**Title:** T  
**Name:** EVANS, ROSE M  
**Address:** 611 FAIRMONT ST  
**City-St-Zip:** CLEARWATER, FL 33755

**Title:** S  
**Name:** CARLISLE, CAROL R  
**Address:** 2944 WEST BAY DRIVE #301  
**City-St-Zip:** BELLEAIR BLUFFS, FL 33770

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

I hereby 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 all other like empowered.

**SIGNATURE:** CAROL CARLISLE

SECR

02/13/2012

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

\_\_\_\_\_  
Date