

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004941

FILED  
Mar 14, 2006  
Secretary of State

**Entity Name:** OPERATION PAR HOPE FOR A BRIGHTER FUTURE FOUNDATION, INC.

**Current Principal Place of Business:**

6655 66TH ST. NORTH  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

6655 66TH ST. NORTH  
PINELLAS PARK, FL 33781

**New Mailing Address:**

**FEI Number:** 20-2584999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLETTI, SHIRLEY D  
6655 66TH ST. NORTH  
PINELLAS PARK, FL 33781 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: COLETTI, SHIRLEY D  
Address: 6655 66TH ST. NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

Title: VD ( ) Delete  
Name: BULLARD, KAROL  
Address: 2733 BULLARD DR.  
City-St-Zip: CLEARWATER, FL 33762

Title: SD ( ) Delete  
Name: SMITH, JAN F  
Address: 6372 PALM DEL MAR BLVD., #508  
City-St-Zip: ST. PETERSBURG, FL 33715

Title: TD ( ) Delete  
Name: BATTAGLIA, ANTHONY  
Address: P.O. BOX 41100  
City-St-Zip: ST. PETERSBURG, FL 33743

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHIRLEY D. COLETTI

PD

03/14/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date