

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005570

FILED
May 01, 2008
Secretary of State

Entity Name: LEADERSHIP PINELLAS FOUNDATION, INC.

Current Principal Place of Business:

1000 PINELLAS STREET
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1000 PINELLAS STREET
CLEARWATER, FL 33756

New Mailing Address:

PO BOX 5986
CLEARWATER, FL 337585986

FEI Number: 20-0359792 **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:

PATRICK, SUZANNE E
1000 PINELLAS STREET
CLEARWATER, FL 33756 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: DP () Delete
Name: DANIELS, SCOTT L
Address: 1988 GULF-TO-BAY BLVD
City-St-Zip: CLEARWATER, FL 33765

Title: DS () Delete
Name: MARTIN-HAWES, SUZE
Address: 2101 INDIAN ROCKS RD S
City-St-Zip: LARGO, FL 33774

Title: DT () Delete
Name: BOLLENBACK, MICHAEL D
Address: 1000 PINELLAS ST
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: MARTIN-HAWES, SUZE
Address: 2101 INDIAN ROCKS RD S
City-St-Zip: LARGO, FL 33774

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: SCOTT L. DANIELS

DP

05/01/2008

Electronic Signature of Signing Officer or Director

Date