

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011130

Entity Name: PINELLAS HOUSE, INC.

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

C/O HARRIET K. COREN
253 WOODLAKE WYNDE
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

C/O HARRIET K. COREN
253 WOODLAKE WYNDE
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 34-2030970 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:

COREN, HARRIETT K
253 WOODLAKE WYNDE
OLDSMAR, FL 34677 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: MARTIN-HAWES, SUZE
Address: 2101 INDIAN ROCK ROAD SOUTH
City-St-Zip: LARGO, FL 33774

Title: VD () Delete
Name: DANIELS, SCOTT
Address: 1988 GULF TO BAY BLVD.
City-St-Zip: CLEARWATER, FL 33765

Title: VD () Delete
Name: KAMKUTIS, JOHN
Address: 18167 US HIGHWAY 19 NORTH, SUITE 580
City-St-Zip: CLEARWATER, FL 33764

Title: SD () Delete
Name: OSTRANDER, CATHERINE
Address: 1600 ST. PAULS DRIVE
City-St-Zip: CLEARWATER, FL 33774

Title: TD () Delete
Name: LARA, ODALYS
Address: 2105 DREW STREET, SUITE 200
City-St-Zip: CLEARWATER, FL 33765

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 for the exemption stated in Section 119.07(3)(i), 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: ODALYS LARA

TD

05/02/2005

Electronic Signature of Signing Officer or Director

Date