## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000000813

Entity Name: PINELLAS LIVING GREEN, INC.

FILED Feb 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

7101 36TH AVE. N

SAINT PETERSBURG, FL 33710

**Current Mailing Address: New Mailing Address:** 

7101 36TH AVE. N

SAINT PETERSBURG, FL 33710

FEI Number: 56-2554766 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PLICE, STEVEN S 7101 36TH AVE. N.

ST. PETERSBURG, FL 33710 US

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

NURSE, KARL PLICE, STEVE S Name: Name:

12177 28TH ST. N. Address: 7101 36TH AVE NO Address: City-St-Zip: ST. PETERSBURG, FL 33716 ST. PETERSBURG, FL 33710 City-St-Zip:

Title: Title: VΡ ( ) Delete (X) Change ( ) Addition Name:

PLICE, STEVEN S Name: EPPLEY, MO Address: 7101 36TH AVE. N. Address: 2816 11TH ST NO

City-St-Zip: ST. PETERSBURG, FL 33710 City-St-Zip: ST. PETERSBURG, FL 33714

Title: S/T () Delete Title: S/T (X) Change ( ) Addition

RICE, DARDEN BAGG, JOHN C Name: Name: Address: 475 CENTRAL AVE. Address: 218 COLONY PT RD S

City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: ST. PETERSBURG, FL 33705

Title: ( ) Delete Title: D ( ) Change (X) Addition

NURSE, KARL Name: Name: Address: Address: 176 21ST AVE SE

City-St-Zip: City-St-Zip: ST PETERSBURG, FL 33705

Title: () Delete Title: ( ) Change (X) Addition

BRINKLEY, DARREN Name: Name: 445 25TH AVE N Address: Address:

City-St-Zip: City-St-Zip: ST PETERSBURG, FL 33704

( ) Change (X) Addition Title: () Delete Title:

HALL AMY Name: Name:

Address: Address: 643 N KEENE RD, UNIT D CLEARWATER, FL 33755 City-St-Zip: 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: JOHN BAGG S/T 02/17/2009