2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N06000001769

Entity Name: PINELLAS COUNTY KINSHIP, FOSTER AND ADOPTION, CHILDREN AND PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

8771 95TH AVE. N.
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

8771 95TH AVE. N.
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 71-0998106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAYBOURNE, JOHN W
8771 95TH AVE N.
SEMINOLE, FL 33777 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: P ( ) Delete
Name: CLAYBOURNE, JOHN W
Address: 8771 95TH AVE N.
City-St-Zip: SEMINOLE, FL 33777 US

Title: VP ( ) Delete
Name: HICKS, LORNA
Address: 1908 12TH STREET S. W.
City-St-Zip: LARGO, FL 33778 US

Title: S/T ( ) Delete
Name: OWEN, GAIL A
Address: 1215 49TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: S ( ) Delete
Name: DARDINI, TRACY
Address: 1414 THAMES LN
City-St-Zip: CLEARWATER, FL 33755 US

Title: CS ( ) Delete
Name: CLAYBOURNE, JOY
Address: 8771 95TH AVE N.
City-St-Zip: SEMINOLE, FL 33777

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 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 CLAYBOURNE PRES 04/19/2009
Electronic Signature of Signing Officer or Director — Date