

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002212

FILED
Apr 30, 2009
Secretary of State

Entity Name: BLACK STUDENT ACHIEVEMENT COUNCIL OF PINELLAS, INC.

Current Principal Place of Business:

2512 22ND AVE S
ST PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

403 E MADISON ST STE 400
C/O GUY M BURNS, ESQ
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BURNS, GUY M ESQ
403 E MADISON ST
STE 400
TAMPA, FL 33602 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: D () Delete
Name: LEONARD, PRESTON D
Address: 2512 22ND AVE S
City-St-Zip: ST PETERSBURG, FL 33712 US

Title: D () Delete
Name: AZIZ, ABDUL
Address: 535 35TH ST S
City-St-Zip: ST PETERSBURG, FL 33711 US

Title: D () Delete
Name: BURNEY, CLIFTON
Address: 5510 LA PUERTA DEL SOL BLVD S APT 131
City-St-Zip: ST PETERSBURG, FL 33715 US

Title: D () Delete
Name: SCOTT, SAMI L
Address: 7001 HIBISCUS AVE S
City-St-Zip: SOUTH PASEADENA, FL 33707 US

Title: D () Delete
Name: RUTLEDGE, TALLMADGE
Address: 906 LASALLE ST
City-St-Zip: CLEARWATER, FL 33755 US

Title: D () Delete
Name: LEONARD, JUAN K
Address: 2697 MIKOL TER S
City-St-Zip: ST PETERSBURG, FL 33712 US

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
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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: PRESTON D LEONARD

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date