

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008368

FILED  
Feb 12, 2009  
Secretary of State

**Entity Name:** FAMILY PROMISE OF PINELLAS COUNTY, INC.

**Current Principal Place of Business:**

2812 EIGHTH STREET N  
SAINT PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7892  
SAINT PETERSBURG, FL 337347892

**New Mailing Address:**

PO BOX 7892  
SAINT PETERSBURG, FL 33734 US

**FEI Number:** 26-3550892

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER-EVANS, J. PHILLIP  
2812 EIGHTH STREET N  
SAINT PETERSBURG, FL 33704 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: MILLER-EVANS, J. PHILLIP  
Address: 4600 7TH STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33703

Title: DV ( ) Delete  
Name: AMIDEI, MICHAEL  
Address: 303 ROEBLING ROAD S  
City-St-Zip: BELLEAIR, FL 33714

Title: DS ( ) Delete  
Name: DEPIERRE, DOTTIE  
Address: 4500 17TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33713

Title: D ( ) Delete  
Name: BAARS, SUSIE  
Address: 9369 83RD ST N  
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete  
Name: GLACKIN, JIM  
Address: 2812 42ND AVE N  
City-St-Zip: ST PETERSBURG, FL 33714

Title: D ( ) Delete  
Name: HUNTER, TRACY  
Address: 5995 MLK STREET S  
City-St-Zip: ST PETERSBURG, FL 33705

**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:

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: J PHILLIP MILLER-EVANS

PD

02/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date