

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004223

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** PINELLAS RECOVERY ORGANIZATIONS UNITED IN DISASTER, INC.

**Current Principal Place of Business:**

5201 W KENNEDY BLVD STE 600  
TAMPA, FL 33609

**New Principal Place of Business:**

3627A WEST WATERS AVENUE  
TAMPA, FL 33614

**Current Mailing Address:**

5201 W KENNEDY BLVD STE 600  
TAMPA, FL 33609

**New Mailing Address:**

3627A WEST WATERS AVENUE  
TAMPA, FL 33614

**FEI Number:** 80-0626229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CFRA, LLC  
100 S. ASHLEY DR.  
SUITE 400  
TAMPA, FL 33602 US

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

LUTHERAN SERVICES FLORIDA  
3627A WEST WATERS AVENUE  
TAMPA, FL 33614 US

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: DAVID YARBOROUGH

04/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GROESBECK, DENISE M  
Address: 14155 58TH STREET NORTH  
City-St-Zip: CLEARWATER, FL 33760

Title: VP  
Name: YARBOROUGH, DAVID  
Address: 3627A WEST WATERS AVENUE  
City-St-Zip: TAMPA, FL 33614

Title: S  
Name: INMAN, BARBARA  
Address: 13355 49TH STREET NORTH  
City-St-Zip: CLEARWATER, FL 33762

I hereby 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 all other like empowered.

SIGNATURE: BARBARA INMAN

SEC

04/03/2012

Electronic Signature of Signing Officer or Director

Date