

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:47

DOCUMENT # **N15205** (0)
1. Corporation Name
PINELLAS COUNTY EDUCATION FOUNDATION, INC.

Principal Place of Business Mailing Address
10125 ULMERTON RD. STE. #222 LARGO FL 34641
10125 ULMERTON RD. STE. #222 LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/02/1986** 3a. Date of Last Report **01/21/1994**

4. FEI Number **59-2688253** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

PEMBERTON, DONALD
10125 ULMERTON ROAD, SUITE #222
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **STAVROS, MR. GUS A.**
STREET ADDRESS **111 2ND AVE NE #510**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D**
NAME **CRITCHFIELD, DR. JACK B.**
STREET ADDRESS **ONE PROGRESS PLAZA**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D**
NAME **HINESLEY, DR. J. HOWARD**
STREET ADDRESS **P.O. BOX 2942**
CITY-ST-ZIP **LARGO FL**

TITLE **D**
NAME **LAMBERT, HARRY W.**
STREET ADDRESS **437 GARDENIA STREET**
CITY-ST-ZIP **BELLEAIR FL**

TITLE **PD**
NAME **PEMBERTON, DONALD, DR.**
STREET ADDRESS **10125 ULMERTON RD. STE. 222**
CITY-ST-ZIP **LARGO FL**

TITLE **D**
NAME **SANGUINETT, JOHN**
STREET ADDRESS **8207 PARKWOOD BLVD**
CITY-ST-ZIP **LARGO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **c/d** Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **t/d** Change Addition

4.2 NAME **Ogle, Walter**

4.3 STREET ADDRESS **One Corporate Drive, Suite 600**

4.4 CITY-ST-ZIP **Clearwater, FL 34622**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME **Crockett, Barbara**

6.3 STREET ADDRESS **301 - 4th Street S.W.**

6.4 CITY-ST-ZIP **Largo, FL 34640**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption noted in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on attachments with an address.

SIGNATURE: Barbara Crockett President **1/2/95** (813) 585-2250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR