

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N15205** (0)

1. Corporation Name

**PINELLAS COUNTY EDUCATION FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**19321-C US HIGHWAY 19 NORTH  
STE 520  
CLEARWATER FL 34624**

**19321-C US HIGHWAY 19 NORTH  
STE 520  
CLEARWATER FL 34624**

3. Date Incorporated or Qualified  
**06/02/1986**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2688253**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Neu  
NELL, FRANCES Z.  
19321-C US HIGHWAY 19 NORTH  
STE 520  
CLEARWATER FL 34624**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **Neu** ☐ DELETE  
NAME **NELL, FRANCES**  
STREET ADDRESS **19321-C US HIGHWAY 19 NORTH**  
CITY - ST - ZIP **CLEARWATER FL 34624**

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

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

TITLE **TD** ☐ DELETE  
NAME **OGLE, WALTER**  
STREET ADDRESS **ONE CORPORATE DRIVE, SUITE 600**  
CITY - ST - ZIP **CLEARWATER FL 34622**

TITLE **D** ☐ DELETE  
NAME **JOHNSON, BILL**  
STREET ADDRESS **1907 CALUMET STREET**  
CITY - ST - ZIP **CLEARWATER FL 34625**

TITLE **D** ☒ DELETE  
NAME **CROCKETT, BARBARA**  
STREET ADDRESS **301 - 4TH STREET S.W.**  
CITY - ST - ZIP **LARGO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **Neu, Frances**  
1.3 STREET ADDRESS **Same as at left**  
1.4 CITY - ST - ZIP

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **Critchfield, Dr. Jack B.**  
2.3 STREET ADDRESS **One Progress Plaza**  
2.4 CITY - ST - ZIP **St. Petersburg, FL 33733**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE **CD** ☒ Change ☐ Addition  
5.2 NAME **Johnson, Bill**  
5.3 STREET ADDRESS **Same as at left**  
5.4 CITY - ST - ZIP

6.1 TITLE **D-Thacker, Andrea** ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS **1876 Brentwood Drive**  
6.4 CITY - ST - ZIP **Clearwater, FL 34624**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/11/96 (813) 524-4422**

CR2E037 (12/95)