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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15205 (0)
1. Corporation Name
PINELLAS COUNTY EDUCATION FOUNDATION, INC.



Principal Place of Business 19321-C US HIGHWAY 19 NORTH STE 520 CLEARWATER FL 34624	Mailing Address 19321-C US HIGHWAY 19 NORTH STE 520 CLEARWATER FL 34624
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3. Date Incorporated or Qualified 06/02/1986	3a. Date of Last Report 02/07/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2688253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NEU, FRANCES Z
19321-C US HIGHWAY 19 NORTH
STE 520
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	NEU, FRANCES
STREET ADDRESS	19321-C US HIGHWAY 19 NORTH CLEARWATER FL
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	CRITCHFIELD, DR. JACK B.
STREET ADDRESS	ONE PROGRESS PLAZA ST PERTERSBURG FL
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	HINESLEY, DR. J. HOWARD
STREET ADDRESS	P.O. BOX 2942 N/A LARGO FL
CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	OGLE, WALTER
STREET ADDRESS	ONE CORPORATE DRIVE, SUITE 600 CLEARWATER FL
CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE
NAME	JOHNSON, BILL
STREET ADDRESS	1907 CALUMET STREET CLEARWATER FL
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	THACKER, ANDREA
STREET ADDRESS	1876 BRENTWOOD DR CLEARWATER FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stavros, Dr. Gus A.
1.3 STREET ADDRESS	111 Second Ave. N.E., #510
1.4 CITY-ST-ZIP	St. Petersburg, FL 33701
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dr. Freeman, Corinne
2.3 STREET ADDRESS	5858 Central Ave.
2.4 CITY-ST-ZIP	St. Petersburg, FL 33707
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD Austin, Richard P.
4.3 STREET ADDRESS	700 Central Ave.
4.4 CITY-ST-ZIP	St. Petersburg, FL 33701
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Hogan, Gerald F.
6.3 STREET ADDRESS	416 Brightwaters Blvd. NE
6.4 CITY-ST-ZIP	St. Petersburg, FL 33704

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **REQUIRED** 1/2/97 (813) 524-4422
Date Daytime Phone # 0079784

CR2E037 (9/96)