

FILE NOW: FILING FEE IS \$61.25

FILED

May 02 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # N17168 (8)  
1. Corporation Name  
PINELLAS COUNTY VICTIM RIGHTS COALITION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 304  
LARGO FL 34649P.O. BOX 304  
LARGO FL 33779-03043. Date Incorporated or Qualified  
10/08/19863a. Date of Last Report  
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2725941

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

JUBAR, RAMONA F  
10750 ULMERTON ROAD  
\*\*\*\*\*  
LARGO FL 34648

81 Name

Linda D. Amidei

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

303 Roebling Rd.S.

83

84 City

Belleair

FL

85 Zip Code  
34616

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

*Linda D. Amidei*

2/13/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOATCHER, PENNY	
STREET ADDRESS	10750 ULMERTON ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JUBAR, RAMONA F	
STREET ADDRESS	10750 ULMERTON ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOCKTON, MARY	
STREET ADDRESS	1300 - 1ST AVE.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	FRALEY-GOOD, SUSAN	
STREET ADDRESS	10750 ULMERTON RD.	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PORVAZNIK, NACENE	
STREET ADDRESS	5100 144TH AVE N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EXLINE, COLEEN	
STREET ADDRESS	14400 49TH ST N	
CITY-ST-ZIP	CLEARWATER FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dale Williams	
1.3 STREET ADDRESS	1100 Cleveland St. Suite 1200	
1.4 CITY-ST-ZIP	Clearwater, Florida 34615	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dee Yontek	
2.3 STREET ADDRESS	2831 Landover Dr.	
2.4 CITY-ST-ZIP	Clearwater, FL 34621-2822	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Linda D. Amidei	
3.3 STREET ADDRESS	303 Roebling Rd S	
3.4 CITY-ST-ZIP	Belleair, FL 34616	
4.1 TITLE	C/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Betty Black	
4.3 STREET ADDRESS	2335 22nd Ave. S	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33712	
5.1 TITLE	R/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cheryl Deck	
5.3 STREET ADDRESS	14250 49th St.	
5.4 CITY-ST-ZIP	Clearwater, FL 34615	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Debbie Holland	
6.3 STREET ADDRESS	1301 Seminole Blvd Suite 150	
6.4 CITY-ST-ZIP	Largo, FL 34640	

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:

*Linda D. Amidei*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97

Date

(813) 442-4128

Daytime Phone # 0062024

CR2E037 (9/96)