

FILE NOW: FILING FEE IS \$61.25

FILED
Oct 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17168** (8)
1. Corporation Name
PINELLAS COUNTY VICTIM RIGHTS COALITION, INC.



Principal Place of Business P.O. BOX 304 LARGO FL 34649	Mailing Address P.O. BOX 304 LARGO FL 34649
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3. Date Incorporated or Qualified 10/08/1986	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-2725941	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33779 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33779 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent AMIDEI, LINDA D 303 ROEBLING RD. S. ***** BELLEAIR FL 34818	
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10. Name and Address of New Registered Agent 81 Name RAMONA MERRITT 82 Street Address (P.O. Box Number is Not Acceptable) 10750 ULMERTON RD 83 84 City LARGO FL 85 Zip Code 33778	
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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 *Ramona Merritt* **10/6/98**
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	D <input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, DALE
STREET ADDRESS	1100 CLEVELAND ST., STE. 1200
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	YONTECK, DEE
STREET ADDRESS	2831 LANDOVER DR.
CITY-ST-ZIP	CLEARWATER FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	AMIDEI, LINDA D
STREET ADDRESS	303 ROEBLING RD. S.
CITY-ST-ZIP	BELLEAIR FL
TITLE	CS <input type="checkbox"/> DELETE
NAME	BLACK, BETTY
STREET ADDRESS	2335 22ND AVE. S.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	RS <input type="checkbox"/> DELETE
NAME	DECK, CHERYL
STREET ADDRESS	14250 49TH ST.
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HOLLAND, DEBBIE
STREET ADDRESS	1301 SEMINOLE BLVD., STE. 150
CITY-ST-ZIP	LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAMONA MERRITT
1.3 STREET ADDRESS	10750 ULMERTON RD.
1.4 CITY-ST-ZIP	LARGO FL 33778
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAROL CARPENTER
2.3 STREET ADDRESS	5891 7TH ST SOUTH
2.4 CITY-ST-ZIP	St. Petersburg FL 33705
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ADELL MAYER
3.3 STREET ADDRESS	300 EAST BAY DR
3.4 CITY-ST-ZIP	LARGO FL 33770
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Ramona Merritt* **8/16/98** **(727) 582-6256**

CR2E037 (10/97)