

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90044 029 ****61.25

0056113

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17168

1. Corporation Name

PINELLAS COUNTY VICTIM RIGHTS COALITION, INC.

Principal Place of Business

P.O. BOX 304
LARGO FL 33779
US

Mailing Address

P.O. BOX 304
LARGO FL 33779
US



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

3. Date Incorporated or Qualified

10/08/1986

4. FEI Number

59-2725941

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

9. Name and Address of Current Registered Agent

**MERRITT, RAMONA
10750 ULMERTON RD
LARGO FL 33778**

10. Name and Address of New Registered Agent

81 Name

SAME

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

Ramona Merritt

RAMONA MERRITT, TREASURER

3/4/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MERRITT, RAMONA**
STREET ADDRESS **10750 ULMERTON RD**
CITY-ST-ZIP **LARGO FL 33778**

TITLE **D** ☒ DELETE
NAME **CARPENTER, CAROL**
STREET ADDRESS **5391 7TH ST COUTH**
CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **T** ☒ DELETE
NAME **MAYER, ADELL**
STREET ADDRESS **300 EAST BAY DR**
CITY-ST-ZIP **LARGO FL 33770**

TITLE **CS** ☐ DELETE
NAME **BLACK, BETTY**
STREET ADDRESS **2335 22ND AVE. S.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **RS** ☒ DELETE
NAME **DECK, CHERYL**
STREET ADDRESS **14250 49TH ST.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **1.1 Treasurer (T)** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Anthony Traynor**
2.3 STREET ADDRESS **233 3rd St. N**
2.4 CITY-ST-ZIP **St. Petersburg FL 33701**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Louis Corona - clw Police Dept**
3.3 STREET ADDRESS **645 Pierce St.**
3.4 CITY-ST-ZIP **Clearwater FL 33756**

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

5.1 TITLE **5.1 RS** ☐ Change ☒ Addition
5.2 NAME **Gabrielle Weichee - AAA**
5.3 STREET ADDRESS **9455 Koger Blvd Ste 219**
5.4 CITY-ST-ZIP **St. Petersburg FL 33702**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Ramona Merritt* **RAMONA MERRITT**

3/4/99 (727) 582-6256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)