


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90050 041 \*\*\*\*70.00

<b>DOCUMENT # N17168</b> 1. Entity Name <b>PINELLAS COUNTY VICTIM RIGHTS COALITION, INC.</b>					
Principal Place of Business <b>P.O. BOX 304 LARGO, FL 33779 US</b>			Mailing Address <b>P.O. BOX 304 LARGO, FL 33779 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2725941</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANCHEZ-MASI, MARIA 2188 58TH STREET NORTH CLEARWATER, FL 33701</b>				7. Name and Address of New Registered Agent Name <b>Zimble-DeLorenzo, Debra</b> Street Address (P.O. Box Number is Not Acceptable) <b>Criminal Justice Center, Rm 1100</b> <b>14250 49 Street N</b> City <b>Clearwater FL</b> <b>FL</b> Zip Code <b>33760</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Debra Zimble-DeLorenzo</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><i>Debra Zimble-DeLorenzo</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u><i>2/9/07</i></u> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MILSTEAD, MANDY P.O. BOX 304 LARGO, FL 33779</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>H AUST, ERIKA P.O. BOX 304 LARGO, FL 33779</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RSC CARLINI, SUSAN P.O. BOX 304 LARGO, FL 33779</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SANCHEZ-MASI, MARIA 2188 58TH STREET NORTH CLEARWATER, FL 33760</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CRS CHENEY, COLEEN 201 HIGHLAND AVENUE LARGO, FL 33770</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ZIMBLER-DELORENZO, DEBORAH P.O. BOX 304 LARGO, FL 33779</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/T Milstead, Mandy PO Box 5028 Clearwater FL 33758</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T Carlini, Susan P.O. Box 414 St Petersburg FL 33731</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/T Zimble-DeLorenzo, Debra PO Box 5028 Clearwater FL 33758</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T Cheney, Coleen 201 Highland Avenue Largo FL 33770</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Zimble-DeLorenzo, Debra PO Box 5028 Clearwater FL 33758</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Debra Zimble-DeLorenzo</i></u>		<u><i>Debra Zimble-DeLorenzo</i></u>		<u><i>2/9/07</i></u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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