

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22013

FILED
Apr 14, 2009
Secretary of State

Entity Name: NAMI PINELLAS COUNTY, FLORIDA, INC.

Current Principal Place of Business:

466 94TH AVENUE NORTH
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

466 94TH AVENUE NORTH
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 59-2819044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, CHERYL
466 94TH AVENUE NORTH
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: THOMPSON, STEVEN
Address: 915 MAGNOLIA DR
City-St-Zip: CLEARWATER, FL 33756 US

Title: P () Delete
Name: TURNBAUGH, JUDITH A P
Address: 3845 SIENA LANE
City-St-Zip: PALM HARBOR, FL 34685 US

Title: V () Delete
Name: DURSTEIN, RICHARD V
Address: 1191 MINELOA CIRCLE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: S (X) Delete
Name: MATTHEWS, BRENDA S
Address: 1102 MISSOURI AVE. SOUTH #307
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DURSTEIN, RICHARD V
Address: 1191 MINELOA CIRCLE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL P. HARRIS

RA

04/14/2009

Electronic Signature of Signing Officer or Director

Date