

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22733 (2)

1. Corporation Name

GIFTED ASSOCIATION OF PINELLAS, INC.



Principal Place of Business

10707-66TH ST N.
SUITE 14
PINELLAS PARK FL 34666
US

Mailing Address

10707-66TH ST N
SUITE 14
PINELLAS PARK FL 34666
US

3. Date Incorporated or Qualified
09/29/1987

3a. Date of Last Report
05/01/1995

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

4. FEI Number

59-2886773

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**

8. 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

**WINNER, JACKIE
8142 NORWOOD RD
LARGO FL 34647**

81 Name

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

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 **PD** ☒ DELETE
NAME **JOHSON, ANNI**
STREET ADDRESS **10135 118 AVE N**
CITY-ST-ZIP **LARGO FL**

TITLE **TD** ☐ DELETE
NAME **WINNER, JACKIE**
STREET ADDRESS **8142 NORWOOD RD.**
CITY-ST-ZIP **LARGO FL**

TITLE **SD** ☐ DELETE
NAME **ALFORD, ELJA**
STREET ADDRESS **7140 118TH TERRACE**
CITY-ST-ZIP **LARGO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **WINNER, JACKIE**
1.3 STREET ADDRESS **8142 NORWOOD RD.**
1.4 CITY-ST-ZIP **LARGO, FL 34647**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **SMOLANSKY, PATTI**
2.3 STREET ADDRESS **1492 COUNTRY OAKS LANE**
2.4 CITY-ST-ZIP **CLEARWATER, FL 34624**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jackie Winner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

813/545-3047

Date

Daytime Phone #

CR2E037 (12/95)