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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22733

(2)

| i. Corporatio | an Marine | • • | | | | | | |
|--|---|---|------------------------------------|------------|--|------------------|--|------------------------------|
| GIFTED | ASSOCIATION OF PINELLA | IS, INC. | | | | | | |
| Principal Place of Business Mailing Address | | | | | <u> </u> | | | INEA DIDILINAL |
| 10707-66TH ST SUITE 14 PINELLAS PARI US | | 10707-66TH ST N SUITE 14 PINELLAS PARK FL 33782-233 US | 96 | į | 3. Date Incorporated or Qualified | | te of Last F | |
| A 600 (100 15 | No | | п | | 09/29/1987 | | 4/30/19 | |
| 2. Principal P | 0 - 49 \$ Street N. | 28. Mailing Address 28 8800 - 49 | *Street 1 | <u>U</u> . | 4. FEI Number 59-2886773 | | —————————————————————————————————————— | pplied For lot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional lequired |
| City & Stat | °U 0 1 57 | City & State | 245 | | 6. Election Campaign Financing | | | May Be |
| 23 / N | ellas tark th | 28 Finellas F | Country | | Trust Fund Contribution | | | to Fees |
| 24 33 | 1782 25 USA | 29 33782 30 | - 1: IA |) | 8. This corporation has tiability for Florida Statutes | | No No | j. 199.002, |
| | 9, Name and Address of Current | Registered Agent | 21 | | 10. Name and Address of New Re | gistered A | gent | |
| 81 Name | | | | | | | | |
| WINNER | 82 Street A | Addres | s (P.O. Box Number is Not Acceptat | ole) | | | | |
| 8142 NC | 83 | | | | | | | |
| LARGO FL 94847 33777 | | | 63 | | | | | |
| | | | 84 City | | | FL | 85 Zip | Code 3777 |
| 11. Pursuant | to the provisions of Sections 617.0502 registered agent, or both, in the State of | and 617.1508, Florida Statutes, | the above-named o | corpora | ation submits this statement for the p | ourpose of | | |
| agent. I a | im familiar with, and accept the obligat | ions of, Section 617.0503, Floric | da Statutes. | ioration | rs board or directors. Thereby acce | or the appo | munent as | , registered |
| SIGNATURE | | | | | · | | | |
| 12. | Signature, typed or printed name of registered agent OFFICERS AND | | teg stered Agent signature r | required (| when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE CEDS AND | DIRECTO | DC IN 12 |
| TITLE | POT | DELETE | 1.1 TITLE | PD | | ZEUS WIND | Change | Addition |
| NAME | WINNER, JACKIE | | 1.2 NAME | his | eveland, Lois | • | | |
| STREET ADDRESS | 8142 NORWOOD RD | | 1.3 STREET ADDRESS | 186 | eveland, Lois Garland Circle | | | |
| CITY-ST-ZIP | LARGO FL 34647 | | 1.4 CITY - ST - ZIP | Pal | | 683 | | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | 1 |) | - | Change | Addition |
| NAME | ALFORD, ELJA | | 2.2 NAME | | inner, Tackie | | | |
| STREET ADDRESS | 7140 118TH TERRACE | | 2.3 STREET ADDRESS | 814 | 12 Norwood Kd. | | | ļ |
| CITY-ST-ZIP | LARGO FL | | 2.4 CITY-ST-ZIP | ھا | 190, FL 33777 | _ | | |
| TITLE | VD | ☐ DELETE | 3 1 TITLE | < 3 | \ 0 | | C hange | Addition |
| NAME | SMOLANSKY, PATTI | | 3.2 NAME | AI | ford Elja 10-11sts Terrace N | | | |
| STREET ADDRESS | 1492 COUNTRY OAKS LANE | | 3.3 STREET ADDRESS | 7(14 | 10-118m Terrace |). | | |
| CITY-ST-ZIP | CLEARWATER FL 34624 | | 3.4 CITY-ST-ZIP | هـا | irgo, FL 33773 | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | t | Change | Addition |
| NAME | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY - ST - ZIP 5.1 TITLE | | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | i | 5.4 CITY - ST - ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | - | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | |
| CITY OF THE | | \$ | CADITY OF 710 | | | | | |

14. 1 db 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 oranged, or on an attachment with an address.

SIGNATURE