


FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22733** (2)

1. Corporation Name

**GIFTED ASSOCIATION OF PINELLAS, INC.**

Principal Place of Business

Mailing Address

8800 49TH ST N.  
STE. 401  
PINELLAS PARK FL 33782  
US

8800 40TH ST N  
STE. 401  
PINELLAS PARK FL 33782  
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	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified

09/29/1987

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ 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 33777

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDT** ☒ DELETE  
NAME **WINNER, JACKIE**  
STREET ADDRESS **8142 NORWOOD RD**  
CITY-ST-ZIP **LARGO FL 34847**

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 N**  
CITY-ST-ZIP **LARGO FL**

TITLE **PD** ☒ DELETE  
NAME **CLEVELAND, LOIS**  
STREET ADDRESS **186 GARLAND CIR**  
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **SMOLANSKY, PATTI**  
1.3 STREET ADDRESS **1492 COUNTRY OAKS LANE**  
1.4 CITY-ST-ZIP **CLEARWATER, FL 33764**

2.1 TITLE **VD** ☐ Change ☒ Addition  
2.2 NAME **CODER, PAT**  
2.3 STREET ADDRESS **180 GARLAND CIRCLE**  
2.4 CITY-ST-ZIP **PALM HARBOR, FL 34683**

3.1 TITLE  
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 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.

SIGNATURE: Jackie Winner Jackie Winner 3/16/98 813/545-3047

CR2E037 (10/97)