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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90242 012 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N22733**

1. Corporation Name

**GIFTED ASSOCIATION OF PINELLAS, INC.**

Principal Place of Business

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

Mailing Address

8800 40TH ST N  
STE. 401  
PINELLAS PARK FL 33782  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

09/29/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2886773

Not Applicable

City & State

City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be Added to Fees

24

25

29

30

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 **PD** ☒ DELETE  
NAME **SMOLANSKY, PATTI**  
STREET ADDRESS **1492 COUNTRY OAKS LN**  
CITY-ST-ZIP **CLEARWATER FL 33764**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Coder, Pat**  
1.3 STREET ADDRESS **180 Garland Circle**  
1.4 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **VD** ☐ DELETE  
NAME **CODER, PAT**  
STREET ADDRESS **180 GARLAND CR**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

2.1 TITLE **VD** ☐ Change ☒ Addition  
2.2 NAME **Koon, Cheryl**  
2.3 STREET ADDRESS **1206 Westley Street**  
2.4 CITY-ST-ZIP **Safety Harbor, FL 34695**

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

3.1 TITLE **SD** ☐ Change ☒ Addition  
3.2 NAME **Ouziel, Monica**  
3.3 STREET ADDRESS **3761 Orchard Highlands Drive**  
3.4 CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Jackie Winner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

727/545-3042

Daytime Phone #

CR2E037 (11/98)