

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90286 014 ****61.25

DOCUMENT # N22733
1. Entity 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 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2886773** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

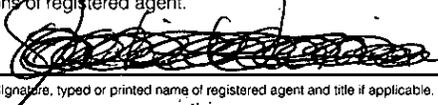
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINNER, JACKIE
8142 NORWOOD RD
LARGO FL 33777**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **KOON, CHERYL**
STREET ADDRESS **1206 WESTLEY STREET**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **OLNEY, JANA**
STREET ADDRESS **800 DEL ORO DR.**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **WINNER, JACKIE**
STREET ADDRESS **8142 NORWOOD ROAD**
CITY-ST-ZIP **LARGO FL 33777**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **OUZLEL, MONICA**
STREET ADDRESS **8761 ORCHARD HIGHLANDS DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **SD** Change Addition
NAME **CARTA, JOY**
STREET ADDRESS **1205 WILLOWICK CIRCLE**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

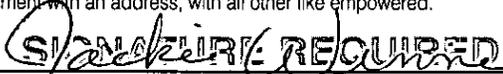
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/14/03 728/715-3047**

CR2E037 (10/02)