

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24229

FILED
Jan 05, 2012
Secretary of State

Entity Name: AIDS SERVICE ASSOCIATION OF PINELLAS, INC.

Current Principal Place of Business:

5771 ROOSEVELT BLVD.
610
CLEARWATER, FL 337603413 US

New Principal Place of Business:

Current Mailing Address:

5771 ROOSEVELT BLVD.
610
CLEARWATER, FL 337603413 US

New Mailing Address:

FEI Number: 59-2862537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LABYAK, MARY J
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 337603413 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: LABYAK, MARY J
Address: 5771 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 337603413

Title: D
Name: GOMEZ, IAN
Address: 2037 1ST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: SD
Name: MCGHEE, PAT
Address: 2626 2ND AVE. S
City-St-Zip: ST. PETERSBURG, FL 33712

Title: CD
Name: ULLRICH, LISA
Address: 880 EDEN ISLE BLVD., NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: D
Name: KISTLER, SCOTT
Address: 5771 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY J. LABYAK

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

_____ Date