FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:20

DOCUMENT # N30326 (5)

1. Corporation Name

MINORITY LAW ENFORCEMENT PERSONNEL OF PINELLAS C OUNTY, INC.

Principal Place of Business	Mailing Address
PO BOX 5303 LARGO FL 34649-5303	PO BOX 5303 LARGO FL 34649-5303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1989
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2919879 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

BRIGHT, LENDEL S.
708 BOOTH STREET
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 5861 Coffee Bean Dr
83:
84 City: Clearwater FL 85 Zip Code: 34620

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	KIDD, ROBERT	1.2 NAME		
STREET ADDRESS	1101 10TH STREET SOUTH	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP		
TITLE	DS	2.1 TITLE	DS	☑ Change ☐ Addition
NAME	WILLIAMS, JEANETTE E	2.2 NAME	Jeanette W. Bright	
STREET ADDRESS	760 54TH AVE SOUTH	2.3 STREET ADDRESS	5861 Coffee Bean Dr.	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	Clearwater, Fl. 34620	
TITLE	DP	3.1 TITLE	DP	☑ Change ☐ Addition
NAME	BRIGHT, LENDEL	3.2 NAME		
STREET ADDRESS	708 BOOTH STREET	3.3 STREET ADDRESS	5861 Coffee Bean Dr.	
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP	Clearwater, Fl. 34620	
TITLE	DVP	4.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, LEIGHWYNN	4.2 NAME		
STREET ADDRESS	2540 GOMAZ WAY SOUTH	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lendel S. Bright Lendel S. Bright 2-4-95 813-538-0716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007367