

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N30326 (5)

1. Corporation Name

MINORITY LAW ENFORCEMENT PERSONNEL OF PINELLAS COUNTY, INC.

Principal Place of Business

PO BOX 5303
LARGO FL 34649-5303

Mailing Address

PO BOX 5303
LARGO FL 34649-5303



3. Date Incorporated or Qualified
01/24/1989

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2919879

Applied For

Not Applicable

22

27

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

29

25

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIGHT, LENDEL S.
5861 COFFEE BEAN DR.
CLEARWATER FL 34620

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 TD
NAME KIDD, ROBERT
STREET ADDRESS 1101 10TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DS
NAME BRIGHT, JEANETTE W.
STREET ADDRESS 5861 COFFEE BEAN DR.
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DP
NAME BRIGHT, LENDEL
STREET ADDRESS 5861 COFFEE BEAN DR.
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DVP
NAME HOWELL, LEIGHWYNN
STREET ADDRESS 2540 GOMAZ WAY SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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:

Lenel S. Bright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96
Date

813-538-0716
Daytime Phone #

CR2E037 (12/95)