

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90134 013 ****61.25

0058116

DOCUMENT # N30326

1. Corporation Name

MINORITY LAW ENFORCEMENT PERSONNEL OF PINELLAS C
OUNTY, INC.

Principal Place of Business

PO BOX 5303
LARGO FL 34649-5303

Mailing Address

PO BOX 5303
LARGO FL 33779
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 33779 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 30 Country

3. Date Incorporated or Qualified

01/24/1989

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code
33760

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

TITLE ☐ DELETE
NAME TD
STREET ADDRESS KIDD, ROBERT
CITY-ST-ZIP 1101 10TH STREET SOUTH
ST. PETERSBURG FL 33710

TITLE ☐ DELETE
NAME DS
STREET ADDRESS BRIGHT, JEANETTE W.
CITY-ST-ZIP 5861 COFFEE BEAN DR.
CLEARWATER FL 33670

TITLE ☐ DELETE
NAME DP
STREET ADDRESS BRIGHT, LENDEL
CITY-ST-ZIP 5861 COFFEE BEAN DR.
CLEARWATER FL 33670

TITLE ☐ DELETE
NAME DVP
STREET ADDRESS HOWELL, LEIGHWYNN
CITY-ST-ZIP 2540 GOMAZ WAY SOUTH
ST. PETERSBURG FL 33670

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99

Date

727-538-0716

Daytime Phone #

CR2E037 (11/98)