

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

FILED
Feb 21, 1996 08:00 AM
Secretary of State

DOCUMENT # N30620

(1)

1. Corporation Name

READ PINELLAS, INC.



Principal Place of Business

Mailing Address

C/O DIRECTOR OF ADULT & COMMUNITY ED.
301 4TH ST SW
LARGO FL 34640

C/O DIRECTOR OF ADULT & COMMUNITY ED.
301 4TH ST SW
LARGO FL 34640

3. Date Incorporated or Qualified
02/10/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2962210

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

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

GILDRIE, VIRGINIA R.
3035 66TH AVENUE NORTH
#59
SEMINOLE FL 34642

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME TULLY, CINDY
STREET ADDRESS 901 S PORTER ST
CITY-ST-ZIP TAMPA FL

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

TITLE DT
NAME GILDRIE, VIRGINIA
STREET ADDRESS 3035 66TH AVENUE N #59
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE D
NAME ILIFF, JOHN
STREET ADDRESS 7770 52 W ST NO
CITY-ST-ZIP PINELLAS PARK FL

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

TITLE D
NAME APPLE, LISA
STREET ADDRESS 5501 28 AVE S
CITY-ST-ZIP GULFPORT FL

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

TITLE D
NAME MCRAE, DONNA
STREET ADDRESS 301 4TH ST SW
CITY-ST-ZIP LARGO FL

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

TITLE PD
NAME SHAFFER, SANDY
STREET ADDRESS 5401 S HERCULES AVE
CITY-ST-ZIP CLEARWATER FL

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(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:

Virginia R. Gildrie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 (813) 521-0444
Date Daytime Phone

CR2E037 (12/95)