

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N30620**

1. Corporation Name

**READ PINELLAS, INC.**

Principal Place of Business

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

Mailing Address

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90063 027 \*\*\*\*61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/10/1989

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

9. Name and Address of Current Registered Agent

GILDRIE, VIRGINIA R.  
3035 66TH AVENUE NORTH  
#59  
ST. PETERSBURG FL 33702

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

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 *Wynne R. Light*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE *DV*

NAME TULLY, CINDY

STREET ADDRESS 901 S PORTER ST

CITY-ST-ZIP TAMPA FL

TITLE DT

NAME GILDRIE, VIRGINIA

STREET ADDRESS 3035 66TH AVENUE N #59

CITY-ST-ZIP ST PETERSBURG FL

TITLE D

NAME APPLE, LISA

STREET ADDRESS 5501 28 AVE S

CITY-ST-ZIP GULFPORT FL

TITLE D

NAME MCRAE, DONNA

STREET ADDRESS 301 4TH ST SW

CITY-ST-ZIP LARGO FL

TITLE PD

NAME SHAFFER, SANDY

STREET ADDRESS 5401 S HERCULES AVE

CITY-ST-ZIP CLEARWATER FL

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:

*Wynne R. Light* TREAS 1/13/99 (227) 525-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)