2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31226

FILED Sep 07, 2004 Secretary of State

Entity Name: PINELLAS NBL PARENTS COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

7751 26TH AVE N

ST. PETERSBERG, FL 33711

Current Mailing Address: New Mailing Address:

P.O. BOX 48652

ST. PETERSBURG, FL 33743

FEI Number: 59-2977828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TERPAK, GARY TERPAK, GARY 1725 23RD ALN 1725 23RD ALN

SAINT PETERSBURG, FL 33713 US #3308

SAINT PETERSBURG, FL 33713 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 09/07/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 MCGAUGHEY, HUNTER
 Name:
 MAYS, TIMOTHY

 Address:
 13435 SOL VISTA DR
 Address:
 11248-121ST TERR N

City-St-Zip: SAINT PETERSBURG, FL 33704 City-St-Zip: LARGO, FL 33778 US

Title: TD () Delete Title: TD (X) Change () Addition Name: COUCH, JACKIE Name: PARKER, MAUREEN

Address: 8651 MOCKINGBIRD LANE Address: 3522 2ND AVE NORTH
City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 MAGIN, AUDREY
 Name:
 MAGIN, AUDREY

 Address:
 6803 119TH PLACE
 6803 119TH PLACE

 City-St-Zip:
 LARGO, FL 33773
 City-St-Zip:
 LARGO, FL 33773 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MAYS, TIMOTHY
 Name:
 MCGAUGHEY, HUNTER

 Address:
 11248-121ST TERR N
 Address:
 13435 SOL VISTA DR

City-St-Zip: LARGO, FL 33778 City-St-Zip: SAINT PETERSBURG, FL 33704 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN PARKER TD 09/07/2004