

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31226

FILED
Jan 16, 2009
Secretary of State

Entity Name: PINELLAS NBL PARENTS COUNCIL, INC.

Current Principal Place of Business:

7751 26TH AVE N
ST. PETERSBERG, FL 33711

New Principal Place of Business:

10201 28TH ST N
ST. PETERSBURG, FL 33716

Current Mailing Address:

P.O. BOX 48652
ST. PETERSBURG, FL 33743

New Mailing Address:

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

Name and Address of Current Registered Agent:

MAYS, TIM
11248 121ST TERRACE N
LARGO, FL 33778 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BILLINGS, RICHARD
Address: 4027 7TH AVE N
City-St-Zip: ST PETERSBURG, FL 33713 US

Title: CD () Delete
Name: PARKER, MAUREEN
Address: 3522 2ND AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: SD () Delete
Name: ROTHMAN, PAULA
Address: 8982 COUNTRY SQUARE DR
City-St-Zip: SEMINOLE, FL 33777 US

Title: TD () Delete
Name: MAUREEN, GOLDEN
Address: 3526 2ND AVE N
City-St-Zip: ST PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TIM MAYS

RA

01/16/2009

Electronic Signature of Signing Officer or Director

Date