

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

DOCUMENT # **N32080**

1. Corporation Name
C.O.P.E. of Pinellas County, Inc.

Principal Place of Business Mailing Address
PO Box 17113 PO Box 17113
St. Petersburg, FL 33733 St. Petersburg, FL 33733

3. Date Incorporated or Qualified **05/03/89** 3a. Date of Last Report **05/01/95**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 600 - 1st. Ave. N.	26 600 - 1st. Ave. N.	59-2958174	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 Uite 206	27 Suite 206	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>
23 St. Petersburg, FL	28 St. Petersburg, FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Zip		
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

Present: **Kim Holley**
936 - 26th St. N.
St. Petersburg, FL 33713

10. Name and Address of New Registered Agent

81 Name **Mark S. Kamleiter**
82 Street Address (P.O. Box Number is Not Acceptable)
600 - 1st. Ave. N.,
83 **Suite 206**
84 City **St. Petersburg** FL 85 Zip Code **33701**

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 *Mark S. Kamleiter*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **7/29/96**

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input checked="" type="checkbox"/> DELETE
NAME	Kim Holley	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D/V	<input checked="" type="checkbox"/> DELETE
NAME	Mark S. Kamleiter	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D/S	<input checked="" type="checkbox"/> DELETE
NAME	Leslie Johnson	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D/T	<input type="checkbox"/> DELETE
NAME	Judy Logan	
STREET ADDRESS	6881 - 19th St. S.	
CITY - ST - ZIP	St. Petersburg, FL 33712	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Mark S. Kamleiter	
13 STREET ADDRESS	600 First Ave. N., Suite 206	
14 CITY - ST - ZIP	St. Petersburg, FL 33701-3609	
21 TITLE	D/V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Christine Stuckey	
23 STREET ADDRESS	2165 Serpentine cir. S.	
24 CITY - ST - ZIP	St. Petersburg, FL 33712	
31 TITLE	D/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Toni Price	
33 STREET ADDRESS	1624 - 47th Avenue N.	
34 CITY - ST - ZIP	St. Petersburg, FL 33714	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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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: *Mark S. Kamleiter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/29/96**

DAYTIME PHONE **(813) 824-8589**

CR2E037 (12/95)