

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TAMARA B. MATHIAS
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38667 (4)

1. Corporation Name

THE PINELLAS COMMUNITY CENTER, INC.

Principal Place of Business

Mailing Address

**1501 NORTH BELCHER ROAD
SUITE 225
CLEARWATER FL 34625**

**1501 NORTH BELCHER ROAD
SUITE 225
CLEARWATER FL 34625**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0202114

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

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

**ABDO, MARK
1501 NORTH BELCHER ROAD
SUITE 225
CLEARWATER FL 34625**

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 607.0502 and 607.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of current registered agent and the registered agent

Signature of new registered agent (signature required after November 1, 1994)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**D
ELLENWOOD, WINN
3106 BLUE HERON STREET
SAFETY HARBOR FL**

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**DV
CHISHOLM, WILLIAM
1364 SOUTH HERCULES AVE
CLEARWATER FL**

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**DP
CRONIN, MICHAEL T.
911 CHESTNUT STREET
CLEARWATER FL**

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**DS
FISHER, BILL
P.O. BOX 6353 N/A
CLEARWATER FL**

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

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**DT
REPPER, WILLIAM JR.
P.O. BOX 2918 N/A
CLEARWATER FL**

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

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☒ Addition

**DT
Appelt, Jim
29605 US 19 N, Suite 140
Clearwater, FL 34621-2196**

DS

**D
Hamilton, Hoyt
P.O. Box 281 N/A
Clearwater, FL 34617**

14. I 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)(g), 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:

James A. Grull
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (813)

DATE

REGISTERED AGENT