

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 # 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

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SUITE 225  
CLEARWATER FL 34625

3. Date Incorporated or Qualified  
06/19/1990

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0202114

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24

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29

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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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME ELLENWOOD, WINN  
STREET ADDRESS 3106 BLUE HERON STREET  
CITY-ST-ZIP SAFETY HARBOR FL

TITLE DV ☒ DELETE

NAME CHISHOLM, WILLIAM  
STREET ADDRESS 1364 SOUTH HERCULES AVE  
CITY-ST-ZIP CLEARWATER FL

TITLE DP ☒ DELETE

NAME CRONIN, MICHAEL T.  
STREET ADDRESS 911 CHESTNUT STREET  
CITY-ST-ZIP CLEARWATER FL

TITLE DT ☐ DELETE

NAME APPELT, JIM  
STREET ADDRESS 29605 US 19 N., STE 140  
CITY-ST-ZIP CLEARWATER FL

TITLE DT ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE OT ☐ Change ☒ Addition

12 NAME HOYT HAMILTON  
13 STREET ADDRESS 2020 CORONET LANE  
14 CITY-ST-ZIP CLEARWATER, FL 34624

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME 300001873723  
43 STREET ADDRESS -06/24/96--01055--009  
44 CITY-ST-ZIP \*\*\*61.25

51 TITLE DP ☒ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE DV ☐ Change ☒ Addition

62 NAME Gary Giordano  
63 STREET ADDRESS 1046 CHINABERRY RD.  
64 CITY-ST-ZIP CLEARWATER, FL 34624

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 W. Abdo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/96

813-726-2029

Date

Daytime Phone #

CR2E037 (12/95)