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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38878** (7)

1. Corporation Name

THE BOYS CLUBS OF PINELLAS COUNTY ENDOWMENT FUND, INC.

Principal Place of Business

Mailing Address

**5111 66TH ST., N.
SUITE 200
ST. PETERSBURG FL 33709
US**

**5111 66TH ST., N.
SUITE 200
ST. PETERSBURG FL 33709
US**

3. Date Incorporated or Qualified

06/29/1990

4. FEI Number

59-3071580

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERRI, NELSON
5111 66TH ST., N.
SUITE 200
ST. PETERSBURG FL 33709**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **GOSS, JAMES C**
STREET ADDRESS **1201 MACRAE AVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VD** ☐ DELETE

NAME **COATS, JAMES F.**
STREET ADDRESS **250 ULMERTON RD.**
CITY-ST-ZIP **LARGO FL**

TITLE **VD** ☐ DELETE

NAME **ZUROWSKI, TERRY L.**
STREET ADDRESS **11500 9TH ST., N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **PERRI, NELSON**
STREET ADDRESS **7748 61ST STREET NORTH**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **SD** ☒ DELETE

NAME **KIEFER, JOSEPH N.**
STREET ADDRESS **1395 PINELLAS AVE.**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **GUARINO, JOHN**
STREET ADDRESS **3637 4TH ST. NO. #200**
CITY-ST-ZIP **ST. PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☐ Change ☒ Addition

1.2 NAME **Ronald M. Ricardo**
1.3 STREET ADDRESS **33 N. Garden Avenue, Suite 800**
1.4 CITY-ST-ZIP **Clearwater, FL 33757**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **SD** ☐ Change ☒ Addition

5.2 NAME **Barbara Galloway**
5.3 STREET ADDRESS **880 Carillon Parkway**
5.4 CITY-ST-ZIP **St. Petersburg, FL 33713**

6.1 TITLE **VD** ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-98 (813) 546-1032

CP2E037 (1097)