

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

**DOCUMENT # N38878** 1. Corporation Name

## THE BOYS CLUBS OF PINELLAS COUNTY ENDOWMENT FUND . INC.

Principal Place of Business
5111 66TH ST., N. SUITE 200 ST. PETERSBURG FL 33709 US

Mailing Address

5111 66TH ST., N. SUITE 200

ST. PETERSBURG FL 33709

## **FILED** Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90088 046 \*\*\*\*61.25



2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address			3. Date incorporated or Qualified					
21	26					06/29/1990		<del></del>	<u>-</u>		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		<del> </del>	plied For		
22 27						59-3071580			t Applicable		
City & State City & State				5. Certificate of Status Desired  Fee Requ							
23	Country Zip Cou										
Zip <b>24</b>	Country Zip Cour 25 29 30					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
9. Name and Address of Current Registered Agent						10. Name and Address of New I	Registered	Agent			
	o. Hamo and Addi voo o. o		81	N	lame						
DEDDI MELCOM					82 Street Address (P.O. Box Number is Not Acceptable)						
PERRI, NELSON					OE Street Address (F.O. Dox Hathber to Not Acceptable)						
5111 66TH ST., N. SUITE 200				83							
ST. PETERSBURG FL 33709				c	itv		·	85 Zip (	code		
					•		<u> </u>	<b>-</b>   -			
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											
40	Signature, typed or printed name of registered agent		13.	nt sige	nature required v	ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12		
12.	OFFICERS AND DIRECTORS		1.1 TITLE	T		ADDITIONO.			XX Addition		
TITLE	ru ~					NE, W. EDWARD		ш	·		
NAME	GOOS, SAMEO C					24 Second Avenue, S	outh		}		
STREET ADORESS	1201 MACRAE AVE		1.3 STREE		l.	-					
CITY-ST-ZIP	CLEARWATER FL			T-ZIP	, 50	. Petersburg, FL 33	771	☐ Change	Addition		
TITLE	VD	☐ OELETE 2.1 T				· · · · · · · · · · · · · · · · · · ·		TT Change	Addition		
NAME	COATS, JAMES F.		2.2 NAME		ŀ	•					
STREET ADDRESS	250 ULMERTON RD. 235		2.3 STREET ADDRESS		`			••			
CITY-ST-ZIP	LARGO FL		2.4 CITY-5	ST-ZII	P ======	- Agreement St. 185	<u> </u>	TETT OL	Addition		
TITLE	VD □ DELETE 3.		3.1 TITLÉ					XX Change	L.J Addition		
NAME	Zurowski, terry L	•	3.2 NAME					*	1		
STREET ADDRESS	11500 9TH ST., N.		3.3 STREE	TADO	DRESS 7	901 66th Street No	cth				
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CITY-5	ST-ZI	P P	<u>inellas Park, FL 33</u>	3781				
TITLE	<b>D</b> ▼ OELETE		4.1 TITLE		PI	·		☐ Change	XX Addition		
NAME	PERRI, NELSON		4. 2 NAME		1	CARDO, RONALD M.			]		
STREET ADDRESS	7748 61ST STREET NORTH		4.3 STREE	TADO	ORESS   14(	01 Court St.					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY- S								
TITLE			5.1 TITLE					Change	☐ Addition		
NAME	GALLOWAY, BARBARA		5.2 NAME						ļ		
STREET ADDRESS	880 CARILLON PARKWAY		5.3 STREE	TADO	ORESS						
CITY-ST-ZIP	ST_PETERSBURG FL 33713	<b>.</b>	5.4 CITY- 8	T-ZIF	P						
TITLE	D	☐ DELETE	6.1 TITLE					XIX Change	☐ Addition		
NAME	GUARINO, JOHN		6.2 NAME					1000			
STREET ADDRESS	·	ļ	6.3 STREE	TADO	ORESS 42	4 Central Avenue, S	uite	LUUU			

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 3637 4TH ST. NO. #200

ST. PETERSBURG FL

St. Petersburg, FL 33701-3828