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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N43938

1. Corporation Name

PINELLAS COUNTY ARTS COUNCIL FOUNDATION, INC.

Principal Place of Business

400 PIERCE BLVD
 CLEARWATER FL 33756
 US

Mailing Address

400 PIERCE
 CLEARWATER FL 33756
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/12/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3081722	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

POWERS, JUDITH B.
 400 PIERCE BLVD.
 CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMANN DONALD SHULMAN	1.2 NAME	
STREET ADDRESS	400 PIERCE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, RICHARD R	2.2 NAME	
STREET ADDRESS	400 PIERCE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, AL T.	3.2 NAME	
STREET ADDRESS	400 PIERCE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, JUDITH	4.2 NAME	
STREET ADDRESS	400 PIERCE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMES, CEDAR	5.2 NAME	
STREET ADDRESS	400 PIERCE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, ELIZABETH	6.2 NAME	
STREET ADDRESS	400 PIERCE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	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, with all other like empowered.

SIGNATURE:

Judith Powers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED JUDITH POWERS

Date

1-6-99

Daytime Phone #

727-464-3327

CR2E037 (1/98)