FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46094** **(1)**

1. Corporation Name

PINELLAS FOUNDATION TO PROTECT ABUSED CHILDREN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3801 34TH ST. N. #200 ST. PETE FL 33713 US	3801 34TH ST. N. #200 ST. PETE FL 33713 US

3. Date Incorporated or Qualified: 11/18/1991

3a. Date of Last Report: 01/25/1994

4. FEI Number: 59-3096277 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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
FISHBACK, JERE' M 150-2ND AVENUE NORTH SUITE 1280 ST PETERSBURG FL 33701	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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	FRENCH, DEBORAH M	1.2 NAME	WHITTED, ERIC	
STREET ADDRESS	1305 S. FT. HARRISON AVE, STE. F.	1.3 STREET ADDRESS	238 SUNSET DRIVE S.	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	MASTRY, CELMA	2.2 NAME	GROSS, PAULETTE SZABO	
STREET ADDRESS	950 PARK ST. N.	2.3 STREET ADDRESS	2222 BELCHERY CT.	
CITY-ST-ZIP	ST. PETE FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 34624	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	BROWN, DONNA	3.2 NAME	DOYLE, BETH	
STREET ADDRESS	101 39TH AVE. NE	3.3 STREET ADDRESS	2800 LA CONCHA DR. S.	
CITY-ST-ZIP	ST. PETE FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 34622	
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	DEAN, GREG	4.2 NAME	GARNETT, BLANTON	
STREET ADDRESS	1305 S. FT. HARRISON AVE, STE. F	4.3 STREET ADDRESS	150 2ND AVENUE N., STE. 900	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GILGOSCH, ALAN	5.2 NAME	FRENCH, M.D., DEBORAH	
STREET ADDRESS	2746 6TH AVE. S.	5.3 STREET ADDRESS	1305 S. FT. HARRISON AVE., SUITE F	
CITY-ST-ZIP	ST. PETE FL	5.4 CITY-ST-ZIP	CLEARWATER, FL 34616	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	FISHBACK, JERE' M	6.2 NAME	GILGOSCH, ALAN	
STREET ADDRESS	150 2ND AVE. N. #1280	6.3 STREET ADDRESS	2746 67TH AVENUE S.	
CITY-ST-ZIP	ST. PETE. FL	6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33712	

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)(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: Eric Whitted 4/18/95 (813) 343-6890

NOTE: MUST BE SIGNED BY CHAIRMAN OF BOARD, PRESIDENT OR OTHER OFFICER OR DIRECTOR — Date — Daytime Phone #

Eric Whitted - President

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