

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46094 (1)

1. Corporation Name

PINELLAS FOUNDATION TO PROTECT ABUSED CHILDREN,
INC.

Principal Place of Business

Mailing Address

3601 34TH ST. N.
#200
ST. PETE FL 33713
US3601 34TH ST. N.
#200
ST. PETE FL 33713-1548
US3. Date Incorporated or Qualified
11/18/19913a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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 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	P	<input type="checkbox"/> DELETE
NAME	WHITTED, ERIC	
STREET ADDRESS	238 SOUTH SUNSET DRIVE	
CITY-ST-ZIP	ST PETERSBURG FL	

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William F. Tumulty	
1.3 STREET ADDRESS	501 Bayview Dr. NE	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33704	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GROSS, PAULETTE SZABO	
STREET ADDRESS	2222 BELCHERY CT	
CITY-ST-ZIP	CLEARWATER FL	

2.1 TITLE	Recording Sec'y.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harriet Rambeaux	
2.3 STREET ADDRESS	2700 67th Ave. S	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DOYLE, BETH	
STREET ADDRESS	2800 SOUTH LA CONCHA DRIVE	
CITY-ST-ZIP	CLEARWATER FL	

3.1 TITLE	Corresponding Sec'y.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jill Brass	
3.3 STREET ADDRESS	6020 18th Ave. N.	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GARNETT, BLANTON	
STREET ADDRESS	150 NORTH 2ND AVE, STE 900	
CITY-ST-ZIP	ST PETERSBURG FL	

4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wayne Brass	
4.3 STREET ADDRESS	6020 18th Ave. N.	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRENCH, DEBORAH M	
STREET ADDRESS	1305 S FT HARRISON AVE, STE F	
CITY-ST-ZIP	CLEARWATER FL	

5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bobbie Gilgosh	
5.3 STREET ADDRESS	2746 67th Ave. S.	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

TITLE	D	<input type="checkbox"/> DELETE
NAME	GILGOSCH, ALAN	
STREET ADDRESS	2746 SOUTH 67TH AVE	
CITY-ST-ZIP	ST. PETE. FL	

6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Celma Mastry	
6.3 STREET ADDRESS	950 Park St. N	
6.4 CITY-ST-ZIP	St. Petersburg, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, 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: *William F. Tumulty* WILLIAM F. TUMULTY

Date 2/18/97 (813) 821-0081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0051017

CR2E037 (9/96)