## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

(1)

PINELLAS FOUNDATION TO PROTECT ABUSED CHILDREN,

**FILED** Mar 24 1998 8:00am Secretary of State

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INC.		1		
Principal Place	of Business	Mailing Address		4 DESIGNATION OF CHEST ONLY DESIGNATION OF STOME
3601 34TH ST.	N.	3601 34TH ST. N.		3. Date Incorporated or Qualified
#200		#200		11/18/1991
ST. PETE FL 33	713	ST. PETE FL 33713		4. FEI Number Applied For
US		US		59-3096277 Not Applicable
	ace of Business	2a. Mailing Address	th C. C	5. Certificate of Status Desired S8.75 Additional
21 4400		26 4908 - 34	<u>'``\\</u>	Fee Required
Suite, Apt.	#, etc.	Sulle Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
City & State	)	City & State		7. Is this nonprofit corporation a homeowners association?
23		28 S+ Peters	burg	Yes Mo
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		30 Pinella	
	9. Name and Address of Current	Registered Agent	- lad to	10. Name and Address of New Registered Agent
			81 Name	
	OK, JERE' M		82 Street	Address (P.O. Box Number is Not Acceptable)
	AVENUE NORTH			
SUITE 1			83	
ST PETE	RSBURG FL 33701		84 City	85 Zip Code
				corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was a	uthorized by the corp	poration's board of directors. I hereby accept the appointment as registered
,	Signature, typed or printed name of registered agent	<del></del>	Registered Agent signature	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	Change Addition
NAME	WHITTED, ERIC		1.2 NAME	
STREET ADDRESS	238 SOUTH SUNSET DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	- Tables	1.4 CITY-ST-ZIP	T Alexandra
TITLE	VP	DELETE	2.1 TITLE	Change Addition
NAME	GROSS, PAULETTE SZABO		2.2 NAME	
STREET ADDRESS	2222 BELCHERY CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	L Marier	2.4 CITY-ST-ZIP	The actual Lange Addition
TITLE	THE STATE OF THE S	DELETE	3.1 TITLE	
NAME	TUMULTY, WILLIAM F.		3.2 NAME	Harriet Rambeaux
STREET ADDRESS	501 BAYVIEW DR NE ST PETERSBURG FL		3.3 STREET ADDRESS	2700 - 67th Ave S St. Peters burg P-1 33712
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP	St. Reters burg P   337/2
TITLE	RS HADDIET	MA DETEIL	4.1 TITLE	KM/MN/N M
NAME	RAMBEAUXX, HARRIET 2700 67TH AVE S.		4. 2 NAME	31-57# St. No.
STREET ADDRESS	ST PETERSBURG FL		4.3 STREET ADDRESS	ST. PETEXSBURY, FL. 33710
CITY-ST-ZIP		Dougte	4.4 CITY-ST-ZIP	
TITLE	D WAYNE BDASS	☐ DELETE	5.1 TITLE	L Change L Addition
NAME CTOSET LDGDSGG	WAYNE, BRASS 6020 18 AVE N.		5.2 NAME	
STREET ADDRESS	ST. PETERSBURSBURG FL		5.3 STREET ADDRESS	
CITY-ST-ZIP	D SI. PETENSBUNG PL	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
TITLE	GILGOSCH, ALAN	LJ VECEIE		Orango Addition
NAME	2746 SOUTH 67TH AVE		6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE. FL	h this filing does not qualify fo	6.4 CITY-ST-ZIP	ed in Section 119 07/3Vi) Florida Statutes I further certify that the information

I nereby certify that the information supplied with this filling 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.