

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90039 008 ****61.25

DOCUMENT # N51273

1. Entity Name

BAY PINES CENTRAL COMMITTEE, INC.



Principal Place of Business

9801 BAY PINES BLVD
ST. PETERSBURG FL 33708

Mailing Address

2880 SCHEER DRIVE #840
SAINT PETERSBURG FL 33716
US



2. Principal Place of Business

2870 Scheer Dr. N.

3. Mailing Address

2870 Scheer Dr. N.

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

St. Petersburg FL

City & State

St. Petersburg FL

Zip

33716

Country

U.S.

Zip

33716

Country

U.S.

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3152505

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEECKER & POLIAKOE, PA
2401 WEST BAY DR #44
LARGO FL 33770

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DUFFETT, ROGER	
STREET ADDRESS	9440 47TH N #319-C	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, ALMA	
STREET ADDRESS	9945 47TH AVE N - A110	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACK, RANDY	
STREET ADDRESS	9815 47TH AVE N #102E	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KAUFFMAN, BURT	
STREET ADDRESS	9950 47TH AVE N #3312	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ORMAN, BILL	
STREET ADDRESS	4600 98TH WAY NORTH #304-D	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Churilla	
STREET ADDRESS	4600 98th Way N. 107-D	
CITY-ST-ZIP	St. Petersburg, FL 33708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Brown	
STREET ADDRESS	9815 47th Ave. N #E-207	
CITY-ST-ZIP	St. Petersburg, FL 33708	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Couturier	
STREET ADDRESS	9950 47th Ave N. St #1086	
CITY-ST-ZIP	St. Petersburg, FL 33708	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeff Couturier

JEFF COUTURIER Pres.

3-21-06

366-8702