## b

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 18, 2007 8:00 am Secretary of State DOCUMENT # N51273 1. Entity Name 04-18-2007 90167 031 \*\*\*\*61.25 BAY PINES CENTRAL COMMITTEE, INC. Principal Place of Business Mailing Address 2870 SHERER DR NORTH 2870 SHERER DR NORTH SUITE 100 SAINT PETERSBURG FL 33716 SUITE 100 SAINT PETERSBURG FL 33716 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3152505 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEKCKER & POLIAKORE, PA 2401 WEST BAY DR #44 414 LARGO FL 33770 Street Address (P.O. Box Number is Not Acceptable) Becker + Polia Kolf Zip Code FL 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 (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE HILE ☐ Delete Addition NAME DUFFETT, ROGER NAME STREET ADDRESS 9440 47TH N #319-C STREET ADDRESS CITY-ST-7IP CITY-SI-7IP SAINT PETERSBURG FL 33708 Frank Toplak IIILE ST Delete TITLE NAME PRICE, ALMA NAME 9945 47+h Aven. A-202 STREET ADDRESS 9945 47TH AVE N - A110 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP St. Petersburg, FL 33708 SAINT PETERSBURG FL 33708 om schreiber Delete VP THE MAM NAME CHURUILLA, THOMAS 4600 98+h Way n. # 108 STREET ADDRESS STREET ADDRESS 4600 98TH WAY NORTH 107-D CITY-ST-ZIP CITY ST-78P SAINT PETERSBURG FL 33708 HILE ☐ Delete THEF D NAME BROWN, JACK STREET ADDRESS STREET ADDRESS 9815 47TH AVE NORTH E-207 CITY-ST-7tP SAINT PETERSBURG FL 33708 CITY-ST-ZIP TITLE ☐ Delete X Change HILL ☐ Addition NAME COUTIRIER, JEFF COUTURIED STREET ADDRESS 9950 47TH AVE NORTH ST 108-B STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33708 CITY ST-ZIP IIILE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos. 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: DET DUTURIER OF DISCONNO OFFICER OF DIRECTOR OF DIRECTO