

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000635

FILED  
Mar 23, 2006  
Secretary of State

**Entity Name:** OPERATION HOPE OF PINELLAS, INC.

**Current Principal Place of Business:**

861 SIXTH AVENUE SOUTH  
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

861 SIXTH AVENUE SOUTH  
ST PETERSBURG, FL 33701 US

**New Mailing Address:**

**FEI Number:** 59-3086633      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SYKES, MANUEL  
861 SIXTH AVENUE SOUTH  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SYKES, MANUEL  
Address: 2901 FIFTY FOURTH AVENUE SOUTH  
City-St-Zip: ST PETERSBURG, FL 33712 US

Title: DT ( ) Delete  
Name: LISBON, VINCENT D  
Address: 3133 SHORELINE DRIVE  
City-St-Zip: CLEARWATER, FL 33760 US

Title: DV ( ) Delete  
Name: JONES, MARK L  
Address: 4937 FIFTEENTH AVENUE SOUTH  
City-St-Zip: GULFPORT, FL 33707 US

Title: DS ( ) Delete  
Name: BAITY, CLARA F  
Address: 1214 MAGNOLIA DRIVE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: D ( ) Delete  
Name: BOWMAN, JOHN N  
Address: 1636 FIRST AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: D ( ) Delete  
Name: DUMAS, CARLOS  
Address: 326 FIRST AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33701 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT D. LISBON

DT

03/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date