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FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003542 (8)**

1. Corporation Name

PINELLAS COUNTY BUSINESS GUILD, INC.

Principal Place of Business

Mailing Address

**12 CLEARWATER MALL
STE 156
CLEARWATER FL 34624
US**

**12 CLEARWATER MALL
STE 156
CLEARWATER FL 34624
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip **25 Country**

28 Zip **29 Country**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/02/1993

4. FEI Number

59-3103136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**SCHAMIS, JAN
3155 FATHERWOOD CT
CLEARWATER FL 34619**

81 Name CAROL E. WALTHER

**82 Street Address (P.O. Box Number is Not Acceptable)
1489 So. MISSOURI AVE**

83 CLEARWATER

84 City

FL

85 Zip Code

33756

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

Carol E. Walther **TREASURER**

4-9-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCHAMIS, JAN	
STREET ADDRESS	3155 FEATHERWOOD CT	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BUBY, DAVID	
STREET ADDRESS	12291 70TH ST NORTH	
CITY-ST-ZIP	LARGO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, DENNY	
STREET ADDRESS	193 WOODETTE DR	
CITY-ST-ZIP	DUNEDIN FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOSKA, JOSEPH	
STREET ADDRESS	4828 12TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWK, HOWARD	
STREET ADDRESS	5924 FOURTH ST N, #8	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SINDLER, RICK	
STREET ADDRESS	12805 COVERDALE DR	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES LOCKE	
1.3 STREET ADDRESS	4830 W. KENNEDY BLVD suite 148	
1.4 CITY-ST-ZIP	TAMPA FL 33609	

2.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAROL E. WALTHER	
2.3 STREET ADDRESS	1489 So. MISSOURI AVE.	
2.4 CITY-ST-ZIP	CLEARWATER FL 33756	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DENNY SMITH	
3.3 STREET ADDRESS	143 WOODETTE DR	
3.4 CITY-ST-ZIP	DUNEDIN FL 34698	

4.1 TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GARTH GOODMAN	
4.3 STREET ADDRESS	535 CENTRAL AV. suite 412	
4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33701	

5.1 TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DERRIL McGuigan	
5.3 STREET ADDRESS	13510 OAK Run CT	
5.4 CITY-ST-ZIP	SEMINOLE FL 33776	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 888-200-8888

CR2E037 (10/97)