

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 21, 1999 8:00 am
Secretary of State

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09-21-1999 90003 034 *****61.00

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1. Corporation Name

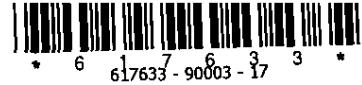
REFUGE PINELLAS, INC.

Principal Place of Business

328 9TH ST N
ST PETERSBURG FL 33705
US

Mailing Address

4434 6 AVE N
ST. PETE FL 33705



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/17/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3281311

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILL, SCOTT
255 CATALAN BLVD NE
ST. PETERSBURG FL 33704

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-12---

TITLE **D** ☐ DELETE

NAME **WRIGHT, BRUCE**

STREET ADDRESS **4434 6TH AVE N**

CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE **D** ☒ DELETE

NAME **WARSHOWSKY, ADAM**

STREET ADDRESS **608 HIGHLAND ST. N. APT. A**

CITY-ST-ZIP **ST. PETE FL 33701**

TITLE **D** ☐ DELETE

NAME **HALL, JACK**

STREET ADDRESS **300 PARK BLVD**

CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☐ DELETE

NAME **MCCUTCHEN, JOE**

STREET ADDRESS **7809 N ORLEANS**

CITY-ST-ZIP **TAMPA FL 33604**

TITLE **D** ☐ DELETE

NAME **LEMIEUX, ARMAND**

STREET ADDRESS **519 4 AVE S**

CITY-ST-ZIP **ST PETE FL 33701**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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) indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the effect of officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Block 12 or Block 13 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/99

Daytime Phone #