

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001715 (1)

1. Corporation Name

PINELLAS COUNTY HELPING HANDS C.B. CLUB INC.



Principal Place of Business

2020 BAY ST. S. E.  
ST. PETERSBURG FL 33705

Mailing Address

2020 BAY ST. S. E.  
ST. PETERSBURG FL 33705

3. Date Incorporated or Qualified  
04/07/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-3235420

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

ROE, SHERIN

82

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

2020 BAY ST. S.E.

83

84

City

ST. PETERSBURG

FL

85

Zip Code

33705

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

Sherin J. Roe

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 ☒ DELETE

NAME  
ROE, SHERIN  
STREET ADDRESS  
2020 BAY ST. S.E.  
CITY - ST - ZIP  
ST PETERSBURG FL 33705

TITLE ☒ DELETE

NAME  
DOZER, JESS  
STREET ADDRESS  
1524 56TH AVE. N.  
CITY - ST - ZIP  
ST. PETERSBURG FL 33713

TITLE ☒ DELETE

NAME  
BAKER, NICLOE  
STREET ADDRESS  
723 13TH AVE. S.  
CITY - ST - ZIP  
ST. PETERSBURG FL

TITLE ☒ DELETE

NAME  
RENAUD, GLORIA  
STREET ADDRESS  
4011 9TH AVE. N.  
CITY - ST - ZIP  
ST. PETERSBURG FL 33713

TITLE ☐ DELETE

NAME  
RICKEY, DEAN  
STREET ADDRESS  
7726 70TH ST. N.  
CITY - ST - ZIP  
PINELLAS PARK FL 34665

TITLE ☒ DELETE

NAME  
HADLEY, GINA  
STREET ADDRESS  
300 N.E. BLVD. N.  
CITY - ST - ZIP  
SAINT PETERSBURG FL 33702

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME  
MATHENEY, BERNARD  
STREET ADDRESS  
4422-57TH AVE. N.  
CITY - ST - ZIP  
ST. PETERSBURG, FLA. 33714

2.1 TITLE ☒ Change ☐ Addition

NAME  
LEE, ARTHUR R.  
STREET ADDRESS  
5221-96TH TERR. N.  
CITY - ST - ZIP  
PINELLAS PARK, FLA. 34666

3.1 TITLE ☒ Change ☐ Addition

NAME  
RICE, NANCY E.  
STREET ADDRESS  
3996 NEPTUNE DR. S.E.  
CITY - ST - ZIP  
ST. PETERSBURG, FLA. 33705

4.1 TITLE ☒ Change ☐ Addition

NAME  
ROE, SHERIN  
STREET ADDRESS  
2020 BAY ST. S.E.  
CITY - ST - ZIP  
ST. PETERSBURG, FLA. 33705

5.1 TITLE ☐ Change ☒ Addition

NAME  
NORMAN, RALPH  
STREET ADDRESS  
4478-59TH AVE. N.  
CITY - ST - ZIP  
ST. PETERSBURG, FLA. 33714

6.1 TITLE ☒ Change ☐ Addition

NAME  
STRALVA, DON  
STREET ADDRESS  
9170-79TH AVE.  
CITY - ST - ZIP  
SEMINOLE, FLA. 34647

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sherin J. Roe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-96 813-895-9508

Date

Daytime Phone #

CR2E037 (12/95)