

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90057 008 \*\*\*\*61.25

**DOCUMENT # N95000003987**

1. Entity Name  
**PARTNERSHIP FOR A HEALTHIER PINELLAS, INC.**



Principal Place of Business  
**9455 KOGER BLVD, #104  
ST PETERSBURG, FL 33702 US**

Mailing Address  
**9455 KOGER BLVD, #104  
ST PETERSBURG, FL 33702 US**

40061669



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**P.O. Box 13927**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142007 Chg-NP CR2E037 (12/06)

City & State

City & State  
**St. Petersburg FL**

4. FEI Number  
**59-3386955**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33733**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MELBY, ROBERT M CPA  
424 CENTRAL AVE  
SUITE 1000  
SAINT PETERSBURG, FL 33701**

Name

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

**111 2nd Avenue NE, Suite 707**

**St. Petersburg**

**33701**

City

**FL**

Zip Code

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

**Robert M. Melby CPA ROBERT M. MELBY CPA**

**2/16/07**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BETHELL, EVELYN**  
CITY-ST-ZIP **1100 CLEVELAND STREET  
CLEARWATER, FL 33755**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **FRANCES, SERRANA L**  
CITY-ST-ZIP **612 FRANKLIN ST  
CLEARWATER, FL 33756**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **COSTELLO, BOB**  
CITY-ST-ZIP **601 MAIN STREET  
DUNEDIN, FL 34698**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **OARE, BARBARA**  
CITY-ST-ZIP **4024 CENTRAL AVE  
SAINT PETERSBURG, FL 33733**

TITLE ☒ Change ☐ Addition  
NAME **Director**  
STREET ADDRESS **Daine, Barbara**  
CITY-ST-ZIP **4024 Central Ave.  
St. Petersburg, FL 33733**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **SANTINI, JOSEPH**  
CITY-ST-ZIP **3170 3RD AVE NORTH  
SAINT PETERSBURG, FL 33731**

TITLE ☒ Change ☐ Addition  
NAME **Chair**  
STREET ADDRESS **Joseph Santini**  
CITY-ST-ZIP **1344 2nd St. So.  
St. Petersburg, FL 33712**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **WITTENBERG, RICHARD**  
CITY-ST-ZIP **601 FOURTH STREET SOUTH, CRI 1008  
ST PETERSBURG, FL 33701**

TITLE ☐ Change ☒ Addition  
NAME **Vice-Chair**  
STREET ADDRESS **Sudi Vitucci**  
CITY-ST-ZIP **2325 Whitney Road  
Clearwater, FL 33760**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

**Joseph Santini, Chair**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/07**  
Date

**727-434-8626**  
Daytime Phone #