

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
May 20 1997 8:00am  
Secretary of State

DOCUMENT # N96000001703 (5)

1. Corporation Name

PINELLAS FIRST HELP, INC.

Principal Place of Business

1508 ROGERS STREET  
CLEARWATER FL 34616

Mailing Address

1508 ROGERS STREET  
CLEARWATER FL 346163. Date Incorporated or Qualified  
03/28/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

P.O. BOX 6173

Suite, Apt. #, etc.

27

City &amp; State

28

CLEARWATER, FLORIDA

29

34618

30

Country

4. FEI Number

59-3414385

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

BROIDA, JOEL D ESQ.  
BROIDA & MCKINNEY, P.A.  
605 75TH AVENUE  
ST. PETE BEACH FL 33706

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME TISON, MARGARET  
STREET ADDRESS 880 S. VILLAGE DRIVE, UNIT 103  
CITY-ST-ZIP ST. PETERSBURG FL 337161.1 TITLE ☐ Change ☐ Addition

NAME TISON, RICHARD CLAY

STREET ADDRESS 880 S. VILLAGE DRIVE, UNIT 103  
CITY-ST-ZIP ST. PETERSBURG FL 33716

1.2 NAME

TITLE D ☐ DELETENAME TISON, RICHARD CLAY  
STREET ADDRESS 880 S. VILLAGE DRIVE, UNIT 103  
CITY-ST-ZIP ST. PETERSBURG FL 33716

1.3 STREET ADDRESS

TITLE D ☐ DELETENAME LAWYER, SHIRLEY  
STREET ADDRESS 1509 REGINA DRIVE, WEST  
CITY-ST-ZIP LARGO FL 34640

1.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME MILLIRON, VICKI  
STREET ADDRESS 1837 FEATHER TREE CIRCLE  
CITY-ST-ZIP CLEARWATER FL 346252.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

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 do 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:

SIGNED AND SUBMITTED BY: [Signature]

5/15/97

813-577-1976

CR2E037 (9/96)