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Mar 09 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000001703 (5)

1. Corporation Name

PINELLAS FIRST HELP, INC.

Principal Place of Business

Mailing Address

1508 ROGERS STREET
CLEARWATER FL 34616

PO BOX 6173
CLEARWATER FL 34618
US

3. Date Incorporated or Qualified

03/28/1996

4. FEI Number

59-3414385

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

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 33708

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

1.1 TITLE Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1865 BAYOU GRANDE BLVD
ST. PETERSBURG, FL 33703
1.4 CITY-ST-ZIP PO BOX 6173
CLEARWATER FL 34618

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

2.1 TITLE Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1865 BAYOU GRANDE BLVD
ST. PETERSBURG, FL 33703
2.4 CITY-ST-ZIP PO BOX 6173
CLEARWATER FL 34618

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

3.1 TITLE Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MILLIRON, VICKI
STREET ADDRESS 1837 FEATHER TREE CIRCLE
CITY-ST-ZIP CLEARWATER FL 34625

4.1 TITLE Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MOONEY, MARY
STREET ADDRESS 2360 7TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL 33713

5.1 TITLE Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GIRAUD, MARILYN
STREET ADDRESS 4227 2ND AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL 33713

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)(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]

01/25/98 813-444-1948

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