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Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001717 (5)**

1. Corporation Name

**A BRIGHTER DAY OF PINELLAS COUNTY, INC.**

Principal Place of Business

Mailing Address

**6965 FIRST AVENUE NORTH  
ST PETERSBURG FL 33710**

**6965 FIRST AVENUE NORTH  
ST PETERSBURG FL 33710**

2. Principal Place of Business

2a. Mailing Address

**21 Same**  
Suite, Apt. #, etc.

**26 Suite, Apt. #, etc.  
6965 1st Ave. N.**

**22**  
City & State

**27 City & State  
St. Petersburg, FL ~~33710~~**

**23**  
Zip Country

**28 Zip Country  
33710 Pinellas**

3. Date Incorporated or Qualified

**03/29/1996**

4. FEI Number

**59-3371145**

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**

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

**D & B CORPORATE SERVICES, INC.  
5999 CENTRAL AVE, SUITE 202  
ST PETERSBURG FL 33710**

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 **PD** ☐ DELETE  
NAME **SEIFRIED, E. WAYNE**  
STREET ADDRESS **1361 SEAGULL DR SOUTH**  
CITY - ST - ZIP **ST PETERSBURG FL 33707**

1.1 TITLE **UD** ☐ Change ☒ Addition  
1.2 NAME **Cathy Rulant**  
1.3 STREET ADDRESS **6641 Pointechara Ave. S.**  
1.4 CITY - ST - ZIP **St. Petersburg, FL 33707**

TITLE **VD** ☐ DELETE  
NAME **RACHEL, ROY S**  
STREET ADDRESS **10102 TARPON DR**  
CITY - ST - ZIP **TREASURE ISLAND FL**

2.1 TITLE **UD** ☐ Change ☒ Addition  
2.2 NAME **Sam Warren**  
2.3 STREET ADDRESS **602 E. Alexander Rd. #306**  
2.4 CITY - ST - ZIP **Plant City, FL 33566**

TITLE **VD** ☐ DELETE  
NAME **DEEB, BRIAN P**  
STREET ADDRESS **5999 CENTRAL AVE, SUITE 202**  
CITY - ST - ZIP **ST PETERSBURG FL 33710**

3.1 TITLE **UD** ☐ Change ☒ Addition  
3.2 NAME **Ana Mieres**  
3.3 STREET ADDRESS **1126 15th Ave NE**  
3.4 CITY - ST - ZIP **St. Petersburg, FL 33704**

TITLE **VD** ☐ DELETE  
NAME **REILLY, MARK**  
STREET ADDRESS **5053 F STARFISH DR SE**  
CITY - ST - ZIP **ST PETERSBURG FL**

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

TITLE **SD** ☐ DELETE  
NAME **SEIFRIED, PAT**  
STREET ADDRESS **1312 80TH ST S**  
CITY - ST - ZIP **ST PETERSBURG FL 33707**

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

TITLE **TD** ☐ DELETE  
NAME **HUENKE, JOE**  
STREET ADDRESS **28100 US HWY 19 N, #100**  
CITY - ST - ZIP **CLEARWATER FL 34682**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I hereby certify that the information submitted 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]*

4/14/98

347.3333

CR2E037 (10/97)