

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90102 007 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000001717**

1. Corporation Name

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

Principal Place of Business

6965 FIRST AVENUE NORTH  
ST PETERSBURG FL 33710

Mailing Address

6985 1ST AVE N  
ST PETERSBURG FL 33710  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

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

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

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

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

TITLE TD  
NAME HUENKE, JOE  
STREET ADDRESS 28100 US HWY 19 N, #100  
CITY-ST-ZIP CLEARWATER FL 34662

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD  
1.2 NAME Kurant, Cathy  
1.3 STREET ADDRESS 6044 Parksetta Ave. S.  
1.4 CITY-ST-ZIP St. Petersburg, FL 33707

2.1 TITLE VD  
2.2 NAME McKay, Jim  
2.3 STREET ADDRESS 201 Pinellas Way N.  
2.4 CITY-ST-ZIP St. Petersburg, FL 33710

3.1 TITLE VD  
3.2 NAME Mieres, Ana  
3.3 STREET ADDRESS 14032 Study Shores Dr.  
3.4 CITY-ST-ZIP Tampa, FL 33613

4.1 TITLE VD  
4.2 NAME Warren, Sam  
4.3 STREET ADDRESS 5540 Harding Blvd NE  
4.4 CITY-ST-ZIP St. Petersburg, FL 33703

5.1 TITLE VD  
5.2 NAME Gorzeman, Joy  
5.3 STREET ADDRESS 1200 7th AVE N.  
5.4 CITY-ST-ZIP St. Petersburg, FL 33705

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/5/99

727-347-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)