


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91125 001 ****61.25
04-26-2004 91125 002 *****8.75

DOCUMENT # N96000001717	
1. Entity Name A BRIGHTER DAY OF PINELLAS COUNTY, INC.	

Principal Place of Business 6981 FIRST AVENUE NORTH ST PETERSBURG, FL 33710	Mailing Address 6981 FIRST AVENUE NORTH ST PETERSBURG, FL 33710 US
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66415452



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04232004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3371145		Applied For Not Applicable	
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	
D & B CORPORATE SERVICES, INC. 5999 CENTRAL AVE, SUITE 202 ST PETERSBURG, FL 33710		Name Street Address (P.O. Box Number is Not Acceptable) 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 _____
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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERDES, CHARLES			NAME	Charles Gerdes		
STREET ADDRESS	200 CENTRAL AVENUE #1600			STREET ADDRESS	770 2nd Ave S.		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705			CITY-ST-ZIP	St. Petersburg, FL 33701		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEEB, BRIAN P			NAME			
STREET ADDRESS	5999 CENTRAL AVE. SUITE 202			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 33710			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIEWART, CAROLINE			NAME	Caroline Lichty		
STREET ADDRESS	6956 S SHORE DRIVE			STREET ADDRESS	3215 Melton St. No.		
CITY-ST-ZIP	ST PETERSBURG, FL 33707			CITY-ST-ZIP	St. Petersburg, FL 33704		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEIFRIED, PAT			NAME			
STREET ADDRESS	2525 PASADENA AV. S.			STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707			CITY-ST-ZIP			
TITLE	E. Wayne Seifried	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	E. Wayne Seifried		
STREET ADDRESS				STREET ADDRESS	6985 1st Ave No		
CITY-ST-ZIP				CITY-ST-ZIP	St. Petersburg, FL 33710		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 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:  **E. Wayne Seifried 4/23/04 727-381-5103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #